

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					
<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>					
<p>Name of Reporting Carrier: OXFORD WEST TEL CO</p>					
<p>Signature of Authorized Officer or employee: Dawna Hannan</p>				<p>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</p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Dawna Hannan</p>					
<p>Title or position of Authorized Officer or employee: Director Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 207-333-3455</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>100002</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Lincolnvill 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.					

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<p>Name of Reporting Carrier: OXFORD COUNTY TEL</p>					
<p>Signature of Authorized Officer or employee: Dawna Hannan</p>				<p>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</p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Dawna Hannan</p>					
<p>Title or position of Authorized Officer or employee: Director Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 207-333-3455</p>					
Study Area Code of Reporting Carrier	100019		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

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

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<p>Name of Reporting Carrier: MID-MAINE TELECOM</p>					
<p>Signature of Authorized Officer or employee: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,l= , Date:5/25/2016</p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Dennis Andrews</p>					
<p>Title or position of Authorized Officer or employee: Sr Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 256-586-1420</p>					
Study Area Code of Reporting Carrier	103315		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>					

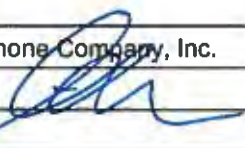
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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<p>Name of Reporting Carrier: DIXVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Ann Walsh</p>				<p>Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,l=, Date:5/19/2016</p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Ann Walsh</p>					
<p>Title or position of Authorized Officer or employee: Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 781-402-1731</p>					
Study Area Code of Reporting Carrier	120042		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: DUNBARTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: David Montgomery</p>				<p>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:5/16/2016</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: David Montgomery</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 603-774-9911</p>					
Study Area Code of Reporting Carrier	120043		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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<p>Name of Reporting Carrier: FRANKLIN TEL CO - VT</p>					
<p>Signature of Authorized Officer or employee: Kimberly Gates Maynard</p>				<p>Digitally signed by Kimberly Gates Maynard DN: cn=Kimberly Gates Maynard, email=ftc@franklinvt.net, O=franklin tel co - vt, I=Franklin VT 05457, Date: 5/26/2016</p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Kimberly Gates Maynard</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 802-285-9911</p>					
<p>Study Area Code of Reporting Carrier</p>	140053		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: SHOREHAM TEL.</p>					
<p>Signature of Authorized Officer or employee: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l= , Date:5/25/2016</p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Dennis Andrews</p>					
<p>Title or position of Authorized Officer or employee: Sr Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 256-586-1420</p>					
Study Area Code of Reporting Carrier	140064		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier <u>TOPSHAM TELEPHONE COMPANY, INC.</u>			
Signature of authorized officer <u>Mark DePenna</u>		Date <u>05/26/2016</u>	
Printed name of authorized officer <u>MARK DE PENNA</u>			
Title or position of authorized officer <u>CONTROLLER</u>			
Telephone number of authorized officer: <u>(312) 224-5988</u> , ext.			
Study Area Code of Reporting Carrier <u>140068</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.			

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Name of Reporting Carrier: WAITSFIELD/FAYSTON					
Signature of Authorized Officer or employee: Roger Nishi <small>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=mnishi@wcvr.com,O=waitsfield/fayston,l=Waifsfield VT 05673, Date:5/20/2016</small>				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	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: VERMONT TEL. CO-VT</p>					
<p>Signature of Authorized Officer or employee: Fran Stocker</p>				<p>Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt,l=- , Date:5/27/2016</p>	
				<p>Date: 5/27/2016</p>	
<p>Printed name of Authorized Officer or employee: Fran Stocker</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 802-885-7745</p>					
Study Area Code of Reporting Carrier	147332		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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<p>Name of Reporting Carrier: ARMSTRONG TEL CO-NY</p>					
<p>Signature of Authorized Officer or employee: Mark Rankin</p>				<p>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel co-ny,l=, Date:5/20/2016</p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Mark Rankin</p>					
<p>Title or position of Authorized Officer or employee: Vice President Finance</p>					
<p>Telephone number of Authorized Officer or employee: 724-283-0925</p>					
Study Area Code of Reporting Carrier	150071		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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<p>Name of Reporting Carrier: CASSADAGA TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Mark Maytum</p>				<p>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</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Mark Maytum</p>					
<p>Title or position of Authorized Officer or employee: President, COO</p>					
<p>Telephone number of Authorized Officer or employee: 716-673-3016</p>					
Study Area Code of Reporting Carrier	150076		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					
<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>					
<p>Name of Reporting Carrier: CHAMPLAIN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mark Webster</p>				<p><small>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</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Webster</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 518-298-2480</p>					
<p>Study Area Code of Reporting Carrier</p>	150077		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 COMPANY OF HAMMOND, INC.			
Signature of authorized officer		Mark De Perro		Date		05/26/2016	
Printed name of authorized officer				MARK DE PERRO			
Title or position of authorized officer				CONTROLLER			
Telephone number of authorized officer: (315) 381-5411, 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					
<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>					
<p>Name of Reporting Carrier: CROWN POINT TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Shana Macey</p>				<p>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</p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Shana Macey</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 518-597-3300</p>					
Study Area Code of Reporting Carrier	150085		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					
<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: DELHI TEL CO					
Signature of Authorized Officer or employee: Jason Miller <small>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</small>				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	
<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					
<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>					
<p>Name of Reporting Carrier: DUNKIRK & FREDONIA</p>					
<p>Signature of Authorized Officer or employee: Mark Maytum</p>				<p><small>Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=dunkirk & fredonia,l=Fredonia NY 14063-0209, Date:5/17/2016</small></p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Mark Maytum</p>					
<p>Title or position of Authorized Officer or employee: President, COO</p>					
<p>Telephone number of Authorized Officer or employee: 716-673-3016</p>					
<p>Study Area Code of Reporting Carrier</p>	150091		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: EMPIRE TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Tom Prestigiacomio</p>				<p><small>Digitally signed by Tom Prestigiacomio DN:cn=Tom Prestigiacomio,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Tom Prestigiacomio</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 607-522-4237</p>					
Study Area Code of Reporting Carrier	150093		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: FISHERS ISLAND TEL					
Signature of Authorized Officer or employee: J. Finan <small>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel,l=, Date:5/16/2016</small>				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	
<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					
<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>					
<p>Name of Reporting Carrier: GERMANTOWN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Bruce Bohnsack</p>				<p><small>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</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Bruce Bohnsack</p>					
<p>Title or position of Authorized Officer or employee: President and CEO</p>					
<p>Telephone number of Authorized Officer or employee: 518-537-4835</p>					
<p>Study Area Code of Reporting Carrier</p>	150097		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: HANCOCK TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Wrighter, Jr</p>				<p>Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjir@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Robert Wrighter, Jr</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 607-637-9912</p>					
Study Area Code of Reporting Carrier	150099		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					
<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>					
<p>Name of Reporting Carrier: MARGARETVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Glen Faulkner</p>				<p>Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel co,l=Margaretville NY 12455, Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Glen Faulkner</p>					
<p>Title or position of Authorized Officer or employee: Asst Secretary / Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 845-586-3311</p>					
<p>Study Area Code of Reporting Carrier</p>	150104		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: MIDDLEBURGH TEL CO</p>					
<p>Signature of Authorized Officer or employee: Marjorie Becker</p>				<p><small>Digitally signed by Marjorie Becker DN:cn=Marjorie Becker, email=info@midtel.net, O=middleburgh tel co, j=Middleburgh NY 12122-0191, Date: 5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Marjorie Becker</p>					
<p>Title or position of Authorized Officer or employee: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 518-827-5211</p>					
<p>Study Area Code of Reporting Carrier</p>	150105		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: NEWPORT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Joseph Tomaino</p>				<p><small>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,l=Newport NY 13416, Date:5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Joseph Tomaino</p>					
<p>Title or position of Authorized Officer or employee: Vice President of Operations</p>					
<p>Telephone number of Authorized Officer or employee: 315-845-8112</p>					
<p>Study Area Code of Reporting Carrier</p>	150107		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: NICHOLVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Jeffrey McGrath</p>				<p>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</p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Jeffrey McGrath</p>					
<p>Title or position of Authorized Officer or employee: Vice President/CIO</p>					
<p>Telephone number of Authorized Officer or employee: 315-328-5333</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>150108</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: TRUMANSBURG TEL CO.</p>					
<p>Signature of Authorized Officer or employee: Sean Socha</p>				<p><small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=trumansburg tel co.,l= , Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Sean Socha</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 585-433-6666</p>					
Study Area Code of Reporting Carrier	150131		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					
<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>					
<p>Name of Reporting Carrier: ALTEVA WARWICK</p>					
<p>Signature of Authorized Officer or employee: Matthew Conroy</p>				<p><small>Digitally signed by Matthew Conroy DN:cn=Matthew Conroy,email=mconroy@momentumtelecom.com,O=alteva warwick,l= , Date: 5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Matthew Conroy</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 205-978-4430</p>					
<p>Study Area Code of Reporting Carrier</p>	150135		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: ALTEVA WARWICK</p>					
<p>Signature of Authorized Officer or employee: Matthew Conroy</p>				<p><small>Digitally signed by Matthew Conroy DN:cn=Matthew Conroy,email=mconroy@momentumtelecom.com,O=alteva warwick,l= , Date:5/25/2016</small></p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Matthew Conroy</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 205-978-4430</p>					
<p>Study Area Code of Reporting Carrier</p>	160135		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: CITIZENS - KECKSBURG</p>					
<p>Signature of Authorized Officer or employee: Dennis Cutrell</p>				<p>Digitally signed by Dennis Cutrell DN:cn=Dennis Cutrell,email=Dennis.Cutrell@ctzn.net,O=citizens - kecksburg,I=Mammoth PA 15664-0156, Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Dennis Cutrell</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 724-424-4444</p>					
Study Area Code of Reporting Carrier	170156		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 <u>Hickory Telephone Company</u>			
Signature of authorized officer <u>Terri Jeffers</u>		Date	<u>5/11/16</u>
Printed name of authorized officer <u>Terri Jeffers</u>			
Title or position of authorized officer <u>Marketing Director</u>			
Telephone number of authorized officer: <u>(724)356-2041, 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					
<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>					
<p>Name of Reporting Carrier: LACKAWAXEN TELECOM</p>					
<p>Signature of Authorized Officer or employee: Deborah Szmyd</p>				<p>Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,I=Rowland PA 18457, Date:5/24/2016</p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Deborah Szmyd</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 570-685-1096</p>					
Study Area Code of Reporting Carrier	170177		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					
<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>					
<p>Name of Reporting Carrier: ARMSTRONG TEL CO-PA</p>					
<p>Signature of Authorized Officer or employee: Mark Rankin</p>				<p>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel co-pa,lc=, Date:5/27/2016</p>	
<p>Date: 5/27/2016</p>					
<p>Printed name of Authorized Officer or employee: Mark Rankin</p>					
<p>Title or position of Authorized Officer or employee: Vice President Finance</p>					
<p>Telephone number of Authorized Officer or employee: 724-283-0925</p>					
Study Area Code of Reporting Carrier	170189		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					
<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>					
<p>Name of Reporting Carrier: NORTH-EASTERN PA TEL</p>					
<p>Signature of Authorized Officer or employee: Steven Tourje</p>				<p><small>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</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Steven Tourje</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 570-785-2216</p>					
<p>Study Area Code of Reporting Carrier</p>	170191		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: NORTH PENN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tom Prestigiacomio</p>				<p><small>Digitally signed by Tom Prestigiacomio DN:cn=Tom Prestigiacomio,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Tom Prestigiacomio</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 607-522-4237</p>					
<p>Study Area Code of Reporting Carrier</p>	170192		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: ARMSTRONG TEL NORTH</p>					
<p>Signature of Authorized Officer or employee: Mark Rankin</p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel north,lc=, Date:5/27/2016</small></p> <p>Date: 5/27/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Rankin</p>					
<p>Title or position of Authorized Officer or employee: Vice President Finance</p>					
<p>Telephone number of Authorized Officer or employee: 724-283-0925</p>					
Study Area Code of Reporting Carrier	170195		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					
<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>					
<p>Name of Reporting Carrier: PALMERTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Timothy Hausman</p>				<p>Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton tel co,l= , Date:5/23/2016</p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Timothy Hausman</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 610-826-9433</p>					
Study Area Code of Reporting Carrier	170196		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>					

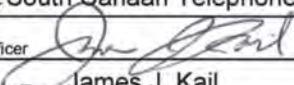
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: PYMATUNING IND TEL					
Signature of Authorized Officer or employee: Amanda Molina <div> <small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=pymatuning ind tel,lc=US, Date:5/20/2016</small> </div>				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	
<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 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: VENUS TEL CORP					
Signature of Authorized Officer or employee: Janice Kline <div> <small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel corp,I=Venus PA 16364, Date:5/16/2016</small> </div>				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	
<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					
<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>					
<p>Name of Reporting Carrier: WEST SIDE TEL CO-PA</p>					
<p>Signature of Authorized Officer or employee: John Ludenia</p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa,l= , Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: John Ludenia</p>					
<p>Title or position of Authorized Officer or employee: V.P. Operations, General manager</p>					
<p>Telephone number of Authorized Officer or employee: 304-983-8642</p>					
<p>Study Area Code of Reporting Carrier</p>	170277		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: ARMSTRONG TEL OF MD</p>					
<p>Signature of Authorized Officer or employee: Mark Rankin</p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel of md,lc=, Date:5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Rankin</p>					
<p>Title or position of Authorized Officer or employee: Vice President Finance</p>					
<p>Telephone number of Authorized Officer or employee: 724-283-0925</p>					
Study Area Code of Reporting Carrier	180216		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 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: BURKE'S GARDEN TEL</p>					
<p>Signature of Authorized Officer or employee: Missy Lynch</p>				<p><small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgto.net,O=burke's garden tel,lc=US, Date:5/24/2016</small></p> <p>Date: 5/24/2016</p>	
<p>Printed name of Authorized Officer or employee: Missy Lynch</p>					
<p>Title or position of Authorized Officer or employee: Office Manager/Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 276-472-2345</p>					
<p>Study Area Code of Reporting Carrier</p>	190220		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: CITIZENS TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Greg Sapp</p>				<p>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</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Greg Sapp</p>					
<p>Title or position of Authorized Officer or employee: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 540-745-2111</p>					
Study Area Code of Reporting Carrier	190225		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					
<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: HIGHLAND TEL COOP					
Signature of Authorized Officer or employee: Ruth Newman				<small>Digitally signed by Ruth Newman DN:cn=Ruth Newman,email=newmanr@htcnet.org,O=highland tel coop,l=Monterey VA 24465-0340, Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer or employee: Ruth Newman					
Title or position of Authorized Officer or employee: Co-General Manager/Secretary					
Telephone number of Authorized Officer or employee: 540-468-2131					
Study Area Code of Reporting Carrier	190237		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<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>					

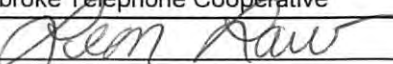
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: NEW HOPE TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Laurie Hensley</p>				<p><small>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</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Laurie Hensley</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 540-363-6277</p>					
<p>Study Area Code of Reporting Carrier</p>	190239		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 			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					
<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>					
<p>Name of Reporting Carrier: SCOTT COUNTY COOP</p>					
<p>Signature of Authorized Officer or employee: Daniel Odom</p>				<p>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</p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: Daniel Odom</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 276-452-7224</p>					
Study Area Code of Reporting Carrier	190248		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: LUMOS TEL. BOTETOURT</p>					
<p>Signature of Authorized Officer or employee: Mary McDermott</p>				<p><small>Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,l=Waynesboro VA 22980, Date:5/17/2016</small></p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Mary McDermott</p>					
<p>Title or position of Authorized Officer or employee: Senior VP, Legal and Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 540-946-8677</p>					
<p>Study Area Code of Reporting Carrier</p>	190249		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: SHENANDOAH TEL CO</p>					
<p>Signature of Authorized Officer or employee: Thomas Reed</p>				<p><small>Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah tel co, Inc., Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Thomas Reed</p>					
<p>Title or position of Authorized Officer or employee: Controller of Financial Reporting</p>					
<p>Telephone number of Authorized Officer or employee: 540-984-5295</p>					
<p>Study Area Code of Reporting Carrier</p>	190250		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: SHENANDOAH - NR</p>					
<p>Signature of Authorized Officer or employee: Thomas Reed</p>				<p><small>Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah - nr, Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Thomas Reed</p>					
<p>Title or position of Authorized Officer or employee: Controller of Financial Reporting</p>					
<p>Telephone number of Authorized Officer or employee: 540-984-5295</p>					
<p>Study Area Code of Reporting Carrier</p>	197251		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ARMSTRONG OF WV					
Signature of Authorized Officer or employee: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong of wv,l= , Date:5/27/2016</small> Date: 5/27/2016	
Printed name of Authorized Officer or employee: Mark Rankin					
Title or position of Authorized Officer or employee: Vice President Finance					
Telephone number of Authorized Officer or employee: 724-283-0925					
Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: SPRUCE KNOB SENECA</p>					
<p>Signature of Authorized Officer or employee: Vickie Colaw</p>				<p>Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,l=Riverton WV 26814-0100, Date:5/20/2016</p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Vickie Colaw</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 304-567-2121</p>					
Study Area Code of Reporting Carrier	200257		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					
<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>					
<p>Name of Reporting Carrier: WAR TEL LLC</p>					
<p>Signature of Authorized Officer or employee: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,l= , Date:5/25/2016</p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Dennis Andrews</p>					
<p>Title or position of Authorized Officer or employee: Sr Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 256-586-1420</p>					
Study Area Code of Reporting Carrier	200258		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					
<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>					
<p>Name of Reporting Carrier: HARDY TELECOM</p>					
<p>Signature of Authorized Officer or employee: Scott Sherman</p>				<p><small>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,l= , Date:5/16/2016</small></p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Scott Sherman</p>					
<p>Title or position of Authorized Officer or employee: General Manager & CEO</p>					
<p>Telephone number of Authorized Officer or employee: 304-897-9911</p>					
<p>Study Area Code of Reporting Carrier</p>	200259		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ARMSTRONG TEL. CO.					
Signature of Authorized Officer or employee: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.,l= , Date:5/27/2016</small> Date: 5/27/2016	
Printed name of Authorized Officer or employee: Mark Rankin					
Title or position of Authorized Officer or employee: Vice President Finance					
Telephone number of Authorized Officer or employee: 724-283-0925					
Study Area Code of Reporting Carrier	200267		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: WEST SIDE TEL-WV</p>					
<p>Signature of Authorized Officer or employee: John Ludenia</p>				<p>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel-wv,l= , Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: John Ludenia</p>					
<p>Title or position of Authorized Officer or employee: V.P. Operations, General manager</p>					
<p>Telephone number of Authorized Officer or employee: 304-983-8642</p>					
Study Area Code of Reporting Carrier	200277		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					
<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>					
<p>Name of Reporting Carrier: ITS TELECOMM. SYS.</p>					
<p>Signature of Authorized Officer or employee: Bruce Russell</p>				<p><small>Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=brucer@its telecom.net,O=its telecom. sys.,l=Indiantown FL 34956, Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Bruce Russell</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 772-597-2106</p>					
<p>Study Area Code of Reporting Carrier</p>	210331		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ALMA TEL CO					
Signature of Authorized Officer or employee: Kevin Brooks <div> <small>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</small> </div>				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	
<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					
<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>					
<p>Name of Reporting Carrier: BRANTLEY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Donovan Strickland</p>				<p><small>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</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Donovan Strickland</p>					
<p>Title or position of Authorized Officer or employee: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 912-462-5111</p>					
<p>Study Area Code of Reporting Carrier</p>	220347		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: BULLOCH COUNTY RURAL</p>					
<p>Signature of Authorized Officer or employee: John Scott</p>				<p><small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural, Date:5/18/2016</small></p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: John Scott</p>					
<p>Title or position of Authorized Officer or employee: General Manager/COO</p>					
<p>Telephone number of Authorized Officer or employee: 912-865-1100</p>					
<p>Study Area Code of Reporting Carrier</p>	220348		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 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
<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				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			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	
<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					
<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>					
<p>Name of Reporting Carrier: GLENWOOD TEL CO</p>					
<p>Signature of Authorized Officer or employee: Janice O'Brien</p>				<p><small>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</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Janice O'Brien</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 912-523-5111</p>					
<p>Study Area Code of Reporting Carrier</p>	220365		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Telephope 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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: COMSOUTH TELECOMM</p>					
<p>Signature of Authorized Officer or employee: Scott Obert-Thorn</p>				<p><small>Digitally signed by Scott Obert-Thorn DN:cn=Scott Obert-Thorn,email=scott@comsouth.net,O=comsouth telecom,1=Hawkinsville GA 31306, Date:5/26/2016</small></p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Scott Obert-Thorn</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 478-783-4001</p>					
<p>Study Area Code of Reporting Carrier</p>	220369		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: PEMBROKE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mary Anna Hite</p>				<p><small>Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel co,l=Pembroke GA 31321, Date:5/24/2016</small></p> <p>Date: 5/24/2016</p>	
<p>Printed name of Authorized Officer or employee: Mary Anna Hite</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 912-653-4389</p>					
<p>Study Area Code of Reporting Carrier</p>	220376		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 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		
<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					
<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>					
<p>Name of Reporting Carrier: PLANTERS RURAL COOP</p>					
<p>Signature of Authorized Officer or employee: John Lacienski</p>				<p>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</p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: John Lacienski</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 912-857-4411</p>					
Study Area Code of Reporting Carrier	220378		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					
<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>					
<p>Name of Reporting Carrier: PLANT TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Gordon Duff</p>				<p><small>Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@plantel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/24/2016</small></p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Gordon Duff</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 229-528-4777</p>					
<p>Study Area Code of Reporting Carrier</p>	220379		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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		
Study Area Code of Reporting Carrier		220381	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: TRENTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Steven Tatum</p>				<p><small>Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel co,l= , Date:5/27/2016</small></p> <p>Date: 5/27/2016</p>	
<p>Printed name of Authorized Officer or employee: Steven Tatum</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 706-657-4367</p>					
<p>Study Area Code of Reporting Carrier</p>	220389		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: WAVERLY HALL, LLC					
Signature of Authorized Officer or employee: Deborah Rand <small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall, llc, Date: 5/24/2016</small>				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	
<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					
<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>					
<p>Name of Reporting Carrier: WILKES TEL & ELC CO</p>					
<p>Signature of Authorized Officer or employee: April Dyson</p>				<p>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</p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: April Dyson</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 706-678-9527</p>					
<p>Study Area Code of Reporting Carrier</p>	220394		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: BARNARDSVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Eric Cramer</p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=barnardsville tel co,lc= , Date:5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Eric Cramer</p>					
<p>Title or position of Authorized Officer or employee: CEO and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 336-973-6112</p>					
<p>Study Area Code of Reporting Carrier</p>	230469		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

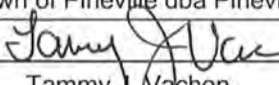
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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.			

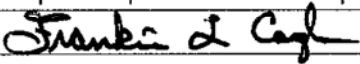
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: 		Date:	5/16/16
Printed name of authorized officer: Tammy J. Vachon			
Title or position of authorized officer: Interim Telecommunications Director			
Telephone number of authorized officer: (704) 889-2001 ext.			
Study Area Code of Reporting Carrier	230494	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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				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 ext.					
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					
<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>					
<p>Name of Reporting Carrier: SURRY MEMBERSHIP</p>					
<p>Signature of Authorized Officer or employee: Curtis Taylor</p>				<p>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Curtis Taylor</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 336-374-4535</p>					
Study Area Code of Reporting Carrier	230497		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					
<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>					
<p>Name of Reporting Carrier: SALUDA MOUNTAIN TEL</p>					
<p>Signature of Authorized Officer or employee: Eric Cramer</p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=saluda mountain tel, Date: 5/19/2016</p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Eric Cramer</p>					
<p>Title or position of Authorized Officer or employee: CEO and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 336-973-6112</p>					
<p>Study Area Code of Reporting Carrier</p>	230498		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: SERVICE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Eric Cramer</p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=service tel co,l= , Date:5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Eric Cramer</p>					
<p>Title or position of Authorized Officer or employee: CEO and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 336-973-6112</p>					
<p>Study Area Code of Reporting Carrier</p>	230500		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: SURRY MEMBERSHIP</p>					
<p>Signature of Authorized Officer or employee: Curtis Taylor</p>				<p>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Curtis Taylor</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 336-374-4535</p>					
Study Area Code of Reporting Carrier	230503		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					
<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>					
<p>Name of Reporting Carrier: TRI COUNTY TEL MEMBR</p>					
<p>Signature of Authorized Officer or employee: Gregory Coltrain</p>				<p><small>Digitally signed by Gregory Coltrain DN:cn=Gregory Coltrain,email=greg@gotricounty.biz,O=tri county tel membr,l=Belhaven NC 27810, Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Gregory Coltrain</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 252-964-8000</p>					
Study Area Code of Reporting Carrier	230505		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					
<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>					
<p>Name of Reporting Carrier: WILKES MEMBERSHIP</p>					
<p>Signature of Authorized Officer or employee: Eric Cramer</p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes membership,l= , Date:5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Eric Cramer</p>					
<p>Title or position of Authorized Officer or employee: CEO and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 336-973-6112</p>					
<p>Study Area Code of Reporting Carrier</p>	230510		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

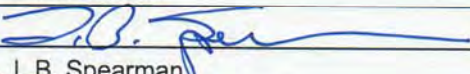
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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					
<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>					
<p>Name of Reporting Carrier: SANDHILL TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Lee Chambers</p>				<p><small>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</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Lee Chambers</p>					
<p>Title or position of Authorized Officer or employee: CEO/Manager</p>					
<p>Telephone number of Authorized Officer or employee: 843-658-6379</p>					
Study Area Code of Reporting Carrier	240546		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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		Homer Holland		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			
<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 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
<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					
<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>					
<p>Name of Reporting Carrier: HAYNEVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Evelyn Causey</p>				<p>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</p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Evelyn Causey</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 334-548-2101</p>					
<p>Study Area Code of Reporting Carrier</p>	250299		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: HOPPER TELECOMM. LLC</p>					
<p>Signature of Authorized Officer or employee: Dennis Andrews</p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc,l= , Date:5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Dennis Andrews</p>					
<p>Title or position of Authorized Officer or employee: Sr Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 256-586-1420</p>					
<p>Study Area Code of Reporting Carrier</p>	250300		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: MILLRY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Bobby Williams</p>				<p>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</p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Bobby Williams</p>					
<p>Title or position of Authorized Officer or employee: Vice President and Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 251-846-2911</p>					
Study Area Code of Reporting Carrier	250304		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					
<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>					
<p>Name of Reporting Carrier: MON-CRE TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Teresa Rich</p>				<p><small>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,l=Ramer AL 36069, Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Teresa Rich</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 334-562-3242</p>					
<p>Study Area Code of Reporting Carrier</p>	250305		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: MOUNDVILLE TEL CO					
Signature of Authorized Officer or employee: R. Taylor <small>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</small>				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	
<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 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.					

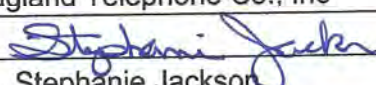
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<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>					
<p>Name of Reporting Carrier: PINE BELT TEL CO</p>					
<p>Signature of Authorized Officer or employee: John Nettles</p>				<p><small>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</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: John Nettles</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 334-385-2106</p>					
Study Area Code of Reporting Carrier	250315		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				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					
<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: BALLARD RURAL COOP					
Signature of Authorized Officer or employee: Randy Grogan				<small>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</small> 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	
<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				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		
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					
<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>					
<p>Name of Reporting Carrier: DUO COUNTY TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Daryl Hammond</p>				<p><small>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</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Daryl Hammond</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 270-343-3131</p>					
<p>Study Area Code of Reporting Carrier</p>	260401		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: FOOTHILLS RURAL COOP</p>					
<p>Signature of Authorized Officer or employee: Ruth Conley</p>				<p><small>Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:5/27/2016</small></p> <p>Date: 5/27/2016</p>	
<p>Printed name of Authorized Officer or employee: Ruth Conley</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 606-297-9131</p>					
<p>Study Area Code of Reporting Carrier</p>	260406		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: LOGAN TEL. COOP. INC</p>					
<p>Signature of Authorized Officer or employee: Gregory Hale</p>				<p>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,l=Auburn KY 42206, Date:5/20/2016</p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Gregory Hale</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Executive V.P.</p>					
<p>Telephone number of Authorized Officer or employee: 270-542-4121</p>					
Study Area Code of Reporting Carrier	260413		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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			Date		05/18/2016
Printed name of authorized officer			Jimmie Jones		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(606) 743-3121		
Study Area Code of Reporting Carrier		260414	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 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			
Study Area Code of Reporting Carrier 260415		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>			

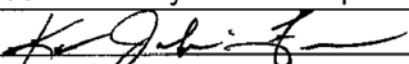
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<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>					
<p>Name of Reporting Carrier: THACKER/GRIGSBY TEL</p>					
<p>Signature of Authorized Officer or employee: William Grigsby</p>				<p><small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,I=Hindman KY 41822, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: William Grigsby</p>					
<p>Title or position of Authorized Officer or employee: President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 606-785-9500</p>					
<p>Study Area Code of Reporting Carrier</p>	260419		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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
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	
<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					
<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>					
<p>Name of Reporting Carrier: CAMERON TEL CO - LA</p>					
<p>Signature of Authorized Officer or employee: Bruce Petry</p>				<p>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</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Bruce Petry</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 337-583-2092</p>					
Study Area Code of Reporting Carrier	270425		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					
<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>					
<p>Name of Reporting Carrier: CAMPTI-PLEASANT HILL</p>					
<p>Signature of Authorized Officer or employee: Tom Edens</p>				<p>Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campiti-pleasant hill,I=Natchitoches LA 71458, Date:5/26/2016</p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Tom Edens</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 318-352-0014</p>					
<p>Study Area Code of Reporting Carrier</p>	270426		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

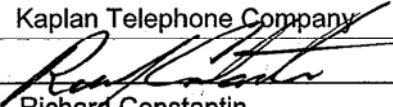
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ELIZABETH TEL CO					
Signature of Authorized Officer or employee: Bruce Petry <div> <small>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</small> </div>				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	
<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	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						Date		05/31/2016	
Printed name of authorized officer					PETER LOUVIERE				
Title or position of authorized officer					CHIEF FINANCIAL OFFICER				
Telephone number of authorized officer:					(985) 693-0265				
Study Area Code of Reporting Carrier			270433		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: NORTHEAST LOUISIANA</p>					
<p>Signature of Authorized Officer or employee: Mike George</p>				<p>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,j=Collinston LA 71229, Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Mike George</p>					
<p>Title or position of Authorized Officer or employee: President / General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 318-874-7011</p>					
Study Area Code of Reporting Carrier	270435		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			
<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 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					
<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: STAR TEL CO					
Signature of Authorized Officer or employee: Rebecca Knighten				<small>Digitally signed by Rebecca Knighten DN:cn=Rebecca Knighten,email=rebeccaknighten@star.brcoxmail.com,O=star tel co,l= , Date:5/25/2016</small> 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	
<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

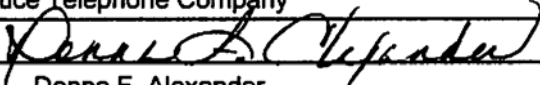
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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				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 			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					
<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>					
<p>Name of Reporting Carrier: DECATUR TEL CO -MS</p>					
<p>Signature of Authorized Officer or employee: Esther Smith</p>				<p><small>Digitally signed by Esther Smith DN:cn=Esther Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms,l=Decatur MS 39327, Date:5/16/2016</small></p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Esther Smith</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 601-635-2251</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>280451</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

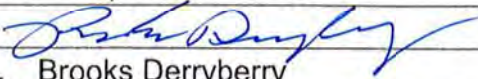
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				DECATUR TELEPHONE COMPANY	
Signature of authorized officer			Dr. Esther B Smith		Date
Printed name of authorized officer			DR. ESTHER B SMITH		9-7-2016
Title or position of authorized officer			PRESIDENT		
Telephone number of authorized officer: 601 635-2251					
Study Area Code of Reporting Carrier		280451	Filing Due Date for this form (mm/dd/yyyy)	Sept 2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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.					

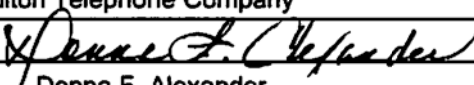
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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			
<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 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>			

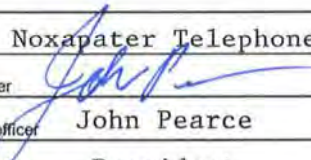
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

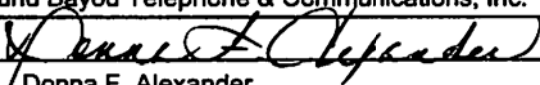
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: LAKESIDE TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Robert Sledge Jr.</p>				<p>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</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Robert Sledge Jr.</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 662-569-3311</p>					
Study Area Code of Reporting Carrier	280457		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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: (601) - , 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 		Date	5/20/2016
Printed name of authorized officer Donna F. Alexander			
Title or position of authorized officer Executive Vice President			
Telephone number of authorized officer: (601) 764-3463			
Study Area Code of Reporting Carrier	280462	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: SLEDGE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Sledge Jr.</p>				<p>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</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Robert Sledge Jr.</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 662-569-3311</p>					
Study Area Code of Reporting Carrier	280466		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>					

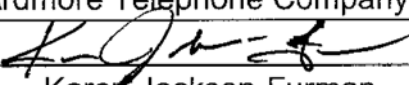
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<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>					
<p>Name of Reporting Carrier: SMITHVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Roger Thompson</p>				<p><small>Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=rogert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Roger Thompson</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 662-651-4131</p>					
<p>Study Area Code of Reporting Carrier</p>	280467		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

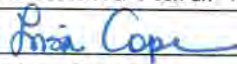
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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					Date
Printed name of authorized officer			Lisa Cope		
Title or position of authorized officer			Interim CEO		
Telephone number of authorized officer:			(931) 668-4131		
Study Area Code of Reporting Carrier		290553	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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			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					
<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>					
<p>Name of Reporting Carrier: DEKALB TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Joe Mitchell</p>				<p>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</p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Joe Mitchell</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 615-464-2254</p>					
<p>Study Area Code of Reporting Carrier</p>	290562		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

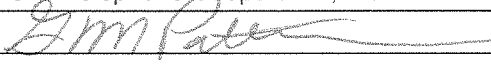
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

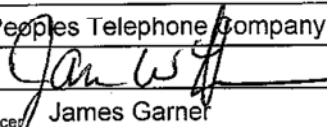
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to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

Name of Reporting Carrier		Loretto Telephone Company Inc	
Signature of authorized officer		Desda K. Hutchins	
Printed name of authorized officer		Desda K. Hutchins	
Title or position of authorized officer		Chief Financial Officer	
Telephone number of authorized officer:		931.853.4356	
Study Area Code of Reporting Carrier	290570	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: NORTH CENTRAL COOP</p>					
<p>Signature of Authorized Officer or employee: Johnny McClanahan</p>				<p><small>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</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Johnny McClanahan</p>					
<p>Title or position of Authorized Officer or employee: VP Finance and Adm. Services</p>					
<p>Telephone number of Authorized Officer or employee: 615-666-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	290573		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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					
<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>					
<p>Name of Reporting Carrier: TWIN LAKES TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Jonathan West</p>				<p><small>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</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Jonathan West</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 931-268-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	290579		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: UTC-TN-UNITED COMM</p>					
<p>Signature of Authorized Officer or employee: William Bradford</p>				<p>Digitally signed by William Bradford DN:cn=William Bradford,email=wbradford@united.net,O=utc-tn-united comm,l=Chapel Hill TN 37034, Date:5/19/2016</p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: William Bradford</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 931-364-4322</p>					
Study Area Code of Reporting Carrier	290581		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).

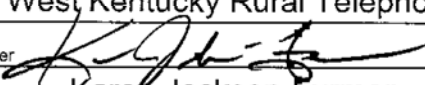
Name of Reporting Carrier				West Tennessee Telephone Company, Inc.	
Signature of authorized officer			Date		5/23/2016
Printed name of authorized officer			James Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer:			(601) 354-9070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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: THE ARTHUR MUTUAL</p>					
<p>Signature of Authorized Officer or employee: Eric Roughton</p>				<p>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual,l=, Date:5/20/2016</p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Eric Roughton</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Sec'y/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 419-393-2233</p>					
Study Area Code of Reporting Carrier	300586		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					
<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: AYERSVILLE TEL CO					
Signature of Authorized Officer or employee: Phil Maag				<small>Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel co,l= , Date:5/18/2016</small> 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	
<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					
<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>					
<p>Name of Reporting Carrier: BASCOM MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kathy Reinhart</p>				<p>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</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Kathy Reinhart</p>					
<p>Title or position of Authorized Officer or employee: Assistant General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-937-2222</p>					
<p>Study Area Code of Reporting Carrier</p>	300589		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: BENTON RIDGE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Martin Ellerbrock</p>				<p><small>Digitally signed by Martin Ellerbrock DN:cn=Martin Ellerbrock,email=martin@watchtv.net,O=benton ridge tel co,l= , Date:5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Martin Ellerbrock</p>					
<p>Title or position of Authorized Officer or employee: Office Manager & Corporate Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 419-859-2245</p>					
<p>Study Area Code of Reporting Carrier</p>	300590		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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					
<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>					
<p>Name of Reporting Carrier: THE CHAMPAIGN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tiffany Ebersold</p>				<p><small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co, Date:5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Tiffany Ebersold</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 937-653-2263</p>					
<p>Study Area Code of Reporting Carrier</p>	300594		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: MCCLURE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Lance Miller</p>				<p>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel co,l=McClure OH 43534-0026, Date:5/20/2016</p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Lance Miller</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 419-748-8032</p>					
Study Area Code of Reporting Carrier	300598		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					
<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>					
<p>Name of Reporting Carrier: CONNEAUT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Deanna Brown</p>				<p>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</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Deanna Brown</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 440-593-7138</p>					
Study Area Code of Reporting Carrier	300606		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	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					
<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: FARMERS MUTUAL TEL					
Signature of Authorized Officer or employee: Cheryl Bostelman				<small>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=farmers mutual tel,l= , Date:5/19/2016</small> 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	
<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					
<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>					
<p>Name of Reporting Carrier: FORT JENNINGS TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Metzger</p>				<p>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</p>	
<p>Date: 5/27/2016</p>					
<p>Printed name of Authorized Officer or employee: Michael Metzger</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-286-2181</p>					
Study Area Code of Reporting Carrier	300614		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					
<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>					
<p>Name of Reporting Carrier: GLANDORF TEL CO</p>					
<p>Signature of Authorized Officer or employee: David Hunt</p>				<p><small>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel co,l=Glandorf OH 45848, Date: 5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: David Hunt</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-538-6987</p>					
<p>Study Area Code of Reporting Carrier</p>	300619		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: KALIDA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Chris Phillips</p>				<p><small>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</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Chris Phillips</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-532-3218</p>					
Study Area Code of Reporting Carrier	300625		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					
<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>					
<p>Name of Reporting Carrier: MIDDLE POINT HOME</p>					
<p>Signature of Authorized Officer or employee: Bruce Hanson</p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,lc= , Date: 5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Bruce Hanson</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 320-847-2211</p>					
Study Area Code of Reporting Carrier	300633		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: MINFORD TEL CO</p>					
<p>Signature of Authorized Officer or employee: Paula McGraw</p>				<p><small>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Paula McGraw</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 740-820-2151</p>					
Study Area Code of Reporting Carrier	300634		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					
<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: THE NEW KNOXVILLE					
Signature of Authorized Officer or employee: Preston Meyer <small>Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=preston@nktelco.net,O=the new knoxville, New Knoxville OH 45871-0219, Date:5/18/2016</small>				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	
<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					
<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>					
<p>Name of Reporting Carrier: THE NOVA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Charles Mattingly</p>				<small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=the nova tel co,l=Judson TX 75660, Date:5/16/2016</small> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Charles Mattingly</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 903-663-0099</p>					
Study Area Code of Reporting Carrier	300644		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: OTTOVILLE MUTUAL</p>					
<p>Signature of Authorized Officer or employee: William Honigford</p>				<p>Digitally signed by William Honigford DN:cn=William Honigford,email=billh@ottovillemutual.com,O=ottoville mutual,j=Ottoville OH 45876-0427, Date:5/16/2016</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: William Honigford</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-453-3324</p>					
Study Area Code of Reporting Carrier	300650		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					
<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>					
<p>Name of Reporting Carrier: PATTERSONVILLE TEL</p>					
<p>Signature of Authorized Officer or employee: Aaron Jones</p>				<p><small>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</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Aaron Jones</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 330-895-4391</p>					
<p>Study Area Code of Reporting Carrier</p>	300651		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Ridgeville Telephone Company				
Signature of authorized officer 			Date	5/16/2016
Printed name of authorized officer Matthew Eggers				
Title or position of authorized officer President, Board of Directors				
Telephone number of authorized officer: (419) 267-5185 ext.				
Study Area Code of Reporting Carrier		300654	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					
<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>					
<p>Name of Reporting Carrier: SHERWOOD MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Richard Rostorfer</p>				<p>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</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Richard Rostorfer</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-899-2121</p>					
Study Area Code of Reporting Carrier	300656		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					
<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>					
<p>Name of Reporting Carrier: SYCAMORE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Richard Ekleberry II</p>				<p><small>Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycltelco.com,O=sycamore tel co, = Date: 5/26/2016</small></p>	
<p>Printed name of Authorized Officer or employee: Richard Ekleberry II</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-927-6012</p>					
Study Area Code of Reporting Carrier	300658		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					
<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>					
<p>Name of Reporting Carrier: TELEPHONE SERVICE</p>					
<p>Signature of Authorized Officer or employee: Bruce Hanson</p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,lc=US, Date: 5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Bruce Hanson</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 320-847-2211</p>					
Study Area Code of Reporting Carrier	300659		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					
<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>					
<p>Name of Reporting Carrier: VAUGHNSVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Martha Kaplan</p>				<p>Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:5/24/2016</p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Martha Kaplan</p>					
<p>Title or position of Authorized Officer or employee: Manager/Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 419-646-3431</p>					
Study Area Code of Reporting Carrier	300663		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					
<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>					
<p>Name of Reporting Carrier: WABASH MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mike Boley</p>				<p><small>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel co,l= , Date:5/27/2016</small></p> <p>Date: 5/27/2016</p>	
<p>Printed name of Authorized Officer or employee: Mike Boley</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 419-942-1111</p>					
<p>Study Area Code of Reporting Carrier</p>	300664		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ALLBAND COMM COOP					
Signature of Authorized Officer or employee: Ron Siegel <div> <small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop,l= , Date:5/25/2016</small> </div>				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	
<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					
<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: BARAGA TEL CO					
Signature of Authorized Officer or employee: Paul Stark <small>Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga tel co,l=Baraga MI 49908, Date:5/27/2016</small>				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	
<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					
<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: BARRY COUNTY TEL CO					
Signature of Authorized Officer or employee: David Stoll <small>Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,l=Delton MI 49046, Date:5/25/2016</small>				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	
<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				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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: BLOOMINGDALE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Steve Shults</p>				<p>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel co, Date:5/27/2016</p>	
<p>Date: 5/27/2016</p>					
<p>Printed name of Authorized Officer or employee: Steve Shults</p>					
<p>Title or position of Authorized Officer or employee: Assistant Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 269-521-7313</p>					
Study Area Code of Reporting Carrier	310679		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			
<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 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	
<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					
<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>					
<p>Name of Reporting Carrier: CLIMAX TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kevin Doyle</p>				<p><small>Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co, Inc., Date: 5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Kevin Doyle</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 269-746-3244</p>					
<p>Study Area Code of Reporting Carrier</p>	310688		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: DEERFIELD FARMERS</p>					
<p>Signature of Authorized Officer or employee: David LaRocca</p>				<p><small>Digitally signed by David LaRocca DN:cn=David LaRocca,email=dave@cass.net,O=deerfield farmers,lc= , Date: 5/20/2016</small></p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: David LaRocca</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 734-279-5510</p>					
<p>Study Area Code of Reporting Carrier</p>	310691		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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, 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					
<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>					
<p>Name of Reporting Carrier: ACE TEL OF MICHIGAN</p>					
<p>Signature of Authorized Officer or employee: Todd Roesler</p>				<p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel of michigan,l=Houston MN 55943-0360, Date:5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Todd Roesler</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-896-6292</p>					
<p>Study Area Code of Reporting Carrier</p>	310704		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Lennon Telephone Company	
Signature of authorized officer		Jaqueline Borden		Date	6/17/16
Printed name of authorized officer		Jaqueline Borden			
Title or position of authorized officer		President			
Telephone number of authorized officer: (810) 621-3301, ext.					
Study Area Code of Reporting Carrier		310708	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: MIDWAY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Camie Nebel-Conklin</p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel co,l= , Date:5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Camie Nebel-Conklin</p>					
<p>Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 906-387-9911</p>					
<p>Study Area Code of Reporting Carrier</p>	310711		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: HIAWATHA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Camie Nebel-Conklin</p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co, Inc., Date:5/25/2016</small></p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Camie Nebel-Conklin</p>					
<p>Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 906-387-9911</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>310713</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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			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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: ONTONAGON COUNTY TEL</p>					
<p>Signature of Authorized Officer or employee: Camie Nebel-Conklin</p>				<p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel, Date:5/25/2016</p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Camie Nebel-Conklin</p>					
<p>Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 906-387-9911</p>					
Study Area Code of Reporting Carrier	310717		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					
<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>					
<p>Name of Reporting Carrier: PIGEON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Neal Eichler</p>				<p>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</p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Neal Eichler</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 989-453-4391</p>					
Study Area Code of Reporting Carrier	310721		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					
<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>					
<p>Name of Reporting Carrier: SAND CREEK TEL CO</p>					
<p>Signature of Authorized Officer or employee: Harvey Souders</p>				<p>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</p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Harvey Souders</p>					
<p>Title or position of Authorized Officer or employee: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 517-436-3130</p>					
Study Area Code of Reporting Carrier	310725		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					
<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>					
<p>Name of Reporting Carrier: SPRINGPORT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mark Cutler</p>				<p><small>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</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Cutler</p>					
<p>Title or position of Authorized Officer or employee: Accountant</p>					
<p>Telephone number of Authorized Officer or employee: 517-857-3100</p>					
<p>Study Area Code of Reporting Carrier</p>	310728		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

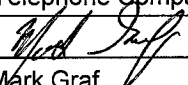
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: WALDRON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Lucinda Bernath</p>				<p><small>Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel co,l=Waldron MI 49288-0197, Date:5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Lucinda Bernath</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 517-286-6211</p>					
<p>Study Area Code of Reporting Carrier</p>	310734		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

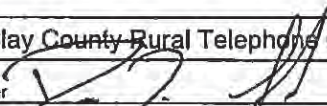
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: BLOOMINGDALE HOME</p>					
<p>Signature of Authorized Officer or employee: Ronja Branson</p>				<p><small>Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomingdale home,l=Bloomington IN 47832, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Ronja Branson</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 765-498-2000</p>					
<p>Study Area Code of Reporting Carrier</p>	320742		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: CITIZENS TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Joan Paxson</p>				<p>Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citznet.com,O=citizens tel corp,I=Warren IN 46792, Date:5/26/2016</p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Joan Paxson</p>					
<p>Title or position of Authorized Officer or employee: Secretary, Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 260-375-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	320751		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: CRAIGVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Lee Von Gunten</p>				<p><small>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</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Lee Von Gunten</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 260-565-3131</p>					
<p>Study Area Code of Reporting Carrier</p>	320756		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: DAVIESS-MARTIN/RTC					
Signature of Authorized Officer or employee: David Frigen <div> <small>Digitally signed by David Frigen DN:cn=David Frigen,email=dfrigen@rtccom.com,O=daviess-martin/rtc,lc=Montgomery IN 47558, Date:5/17/2016</small> </div>				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	
<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					
<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: GEETINGSVILLE TEL CO					
Signature of Authorized Officer or employee: Steve Scott				<small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,l= , Date:5/20/2016</small> 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	
<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				Ligonier Telephone Company, Inc.	
Signature of authorized officer			Date		05/27/2016
Printed name of authorized officer			Randall L. Tepatti		
Title or position of authorized officer			EVP/General Manager		
Telephone number of authorized officer:			(26Q) 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					
<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>					
<p>Name of Reporting Carrier: MONON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Bruce Hanway</p>				<p><small>Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel co,l=Monon IN 47959, Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Bruce Hanway</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 219-253-6601</p>					
<p>Study Area Code of Reporting Carrier</p>	320790		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: MULBERRY COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Randy Maish</p>				<p><small>Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop tel co,l=Mulberry IN 46058-0370, Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Randy Maish</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 765-296-2885</p>					
<p>Study Area Code of Reporting Carrier</p>	320792		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

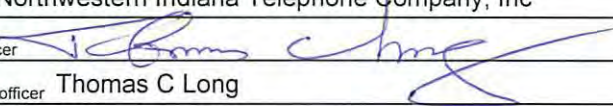
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: ROCHESTER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Greta Lynch</p>				<p><small>Digitally signed by Greta Lynch DN:cn=Greta Lynch,email=greta.lynych@rtc1.com,O=rochester tel co,l=Rochester IN 46975-0507, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Greta Lynch</p>					
<p>Title or position of Authorized Officer or employee: VP-Finance</p>					
<p>Telephone number of Authorized Officer or employee: 574-223-0238</p>					
Study Area Code of Reporting Carrier	320815		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					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					
<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: SUNMAN TELECOMM CORP					
Signature of Authorized Officer or employee: Michael Alig <small>Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecomm corp, Sunman IN 47041, Date:5/26/2016</small>				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	
<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					
<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: SWAYZEE TEL CO					
Signature of Authorized Officer or employee: Timothy Miles				<small>Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel co,l= , Date:5/26/2016</small> 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	
<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					
<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>					
<p>Name of Reporting Carrier: SWEETSER RURAL TEL</p>					
<p>Signature of Authorized Officer or employee: Scott Winger</p>				<p>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</p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Scott Winger</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 765-384-4311</p>					
Study Area Code of Reporting Carrier	320827		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				Washington County Rural Telephone Cooperative, Inc.	
Signature of authorized officer			Date		5/19/16
Printed name of authorized officer			Roland K King		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(812) 967-3171		
Study Area Code of Reporting Carrier		320834	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: YEOMAN TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: David Blacker</p>				<p>Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel co, inc, Date:5/17/2016</p>	
				<p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: David Blacker</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 574-965-2100</p>					
Study Area Code of Reporting Carrier	320839		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>					

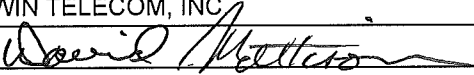
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<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>					
<p>Name of Reporting Carrier: AMERY TELCOM, INC.</p>					
<p>Signature of Authorized Officer or employee: Michael Jensen</p>				<p><small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/18/2016</small></p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: Michael Jensen</p>					
<p>Title or position of Authorized Officer or employee: President & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-268-7101</p>					
<p>Study Area Code of Reporting Carrier</p>	330842		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: AMHERST TEL CO</p>					
<p>Signature of Authorized Officer or employee: Carl Bohman</p>				<p><small>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</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Carl Bohman</p>					
<p>Title or position of Authorized Officer or employee: President & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-824-5529</p>					
Study Area Code of Reporting Carrier	330843		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 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		Filing Due Date for this form (mm/dd/yyyy)		
330846		6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: BELMONT TEL CO					
Signature of Authorized Officer or employee: Deb Egli <div> <small>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</small> </div>				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	
<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					
<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>					
<p>Name of Reporting Carrier: BERGEN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Brad Ellefson</p>				<p>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel co,l=Sharon WI 53585, Date:5/24/2016</p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Brad Ellefson</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 262-736-9981</p>					
Study Area Code of Reporting Carrier	330848		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					
<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: BLOOMER TEL CO					
Signature of Authorized Officer or employee: Jim Smart				<small>Digitally signed by Jim Smart DN:cn=Jim Smart,email=jrs@bloomer.net,O=bloomer tel co,l= , Date:5/18/2016</small> Date: 5/18/2016	
Printed name of Authorized Officer or employee: Jim Smart					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 715-568-4830					
Study Area Code of Reporting Carrier	330850		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<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					
<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: BRUCE TEL CO, INC					
Signature of Authorized Officer or employee: John Manosky <div style="font-size: small; margin-top: 5px;"> Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc,l= , Date:5/25/2016 </div>				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	
<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					
<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>					
<p>Name of Reporting Carrier: CHEQUAMEGON COM COOP</p>					
<p>Signature of Authorized Officer or employee: Ray Schindler</p>				<p><small>Digitally signed by Ray Schindler DN:cn=Ray Schindler,email=rschindler@norvado.com,O=chequamegon com coop, Date:5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Ray Schindler</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 715-798-3303</p>					
Study Area Code of Reporting Carrier	330860		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					
<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>					
<p>Name of Reporting Carrier: CHIBARDUN TEL COOP</p>					
<p>Signature of Authorized Officer or employee: N. Scott Behn</p>				<p>Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaiclecom.com,O=chibardun tel coop,l=Cameron WI 54822-0664, Date:5/19/2016</p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: N. Scott Behn</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 715-458-5400</p>					
<p>Study Area Code of Reporting Carrier</p>	330861		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: CITIZENS TEL COOP-WI					
Signature of Authorized Officer or employee: Dennis Bachman <small>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</small>				Date: 5/23/2016	
Printed name of Authorized Officer or employee: Dennis Bachman					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 715-237-2605					
Study Area Code of Reporting Carrier	330863		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: CLEAR LAKE TEL CO-WI</p>					
<p>Signature of Authorized Officer or employee: Tim Kusilek</p>				<p><small>Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake tel co-wi,l=Clear Lake WI 54005, Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Tim Kusilek</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-263-2755</p>					
<p>Study Area Code of Reporting Carrier</p>	330865		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: COCHRANE COOP TEL CO					
Signature of Authorized Officer or employee: Gina Tomlinson <div> <small>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mw.t.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/16/2016</small> </div>				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	
<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					
<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>					
<p>Name of Reporting Carrier: COON VALLEY FARMERS</p>					
<p>Signature of Authorized Officer or employee: Carol Olson</p>				<p><small>Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers,l=Coon Valley WI 54623-0398, Date:5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Carol Olson</p>					
<p>Title or position of Authorized Officer or employee: Assistant Secretary Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 608-452-3101</p>					
<p>Study Area Code of Reporting Carrier</p>	330868		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: CUBA CITY EXCHANGE</p>					
<p>Signature of Authorized Officer or employee: Deb Egli</p>				<p>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</p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Deb Egli</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 608-744-3500</p>					
Study Area Code of Reporting Carrier	330872		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					
<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>					
<p>Name of Reporting Carrier: FARMERS INDEPENDENT</p>					
<p>Signature of Authorized Officer or employee: Mark Anderson</p>				<p><small>Digitally signed by Mark Anderson DN:cn=Mark Anderson,email=mark@grantsburgtelcom.com,O=farmers independent,l=Grantsburg WI 54840-0447, Date:5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Anderson</p>					
<p>Title or position of Authorized Officer or employee: General Manager and Compliance Officer</p>					
<p>Telephone number of Authorized Officer or employee: 715-463-5322</p>					
<p>Study Area Code of Reporting Carrier</p>	330879		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: HILLSBORO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Carla Shaker</p>				<p><small>Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel co,l=Hillsboro WI 54634-0427, Date:5/20/2016</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Carla Shaker</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer/Office Mgr.</p>					
<p>Telephone number of Authorized Officer or employee: 608-489-2100</p>					
<p>Study Area Code of Reporting Carrier</p>	330892		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: LAKEFIELD TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Webb</p>				<p><small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=lakefield tel co,l=Green Bay WI 54307-9079, Date:5/20/2016</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Robert Webb</p>					
<p>Title or position of Authorized Officer or employee: Vice President/COO</p>					
<p>Telephone number of Authorized Officer or employee: 920-617-7351</p>					
Study Area Code of Reporting Carrier	330896		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					
<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>					
<p>Name of Reporting Carrier: LA VALLE TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Gregory Rockweiler</p>				<p>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</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Gregory Rockweiler</p>					
<p>Title or position of Authorized Officer or employee: Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 608-985-7201</p>					
Study Area Code of Reporting Carrier	330899		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					
<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>					
<p>Name of Reporting Carrier: LEMONWEIR VALLEY TEL</p>					
<p>Signature of Authorized Officer or employee: Donna Rezin</p>				<p>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</p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Donna Rezin</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 608-427-6515</p>					
Study Area Code of Reporting Carrier	330900		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					
<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>					
<p>Name of Reporting Carrier: LAKELAND-LUCK</p>					
<p>Signature of Authorized Officer or employee: Crystal Morley</p>				<p><small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland-luck,I=Milltown WI 54858, Date: 5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Crystal Morley</p>					
<p>Title or position of Authorized Officer or employee: Accounting Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-825-5105</p>					
Study Area Code of Reporting Carrier	330902		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					
<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>					
<p>Name of Reporting Carrier: MANAWA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Thomas Squires</p>				<p>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</p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: Thomas Squires</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 920-596-1707</p>					
Study Area Code of Reporting Carrier	330905		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					
<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>					
<p>Name of Reporting Carrier: MARQUETTE-ADAMS COOP</p>					
<p>Signature of Authorized Officer or employee: Jerry Schneider</p>				<p><small>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</small></p> <p>Date: 5/27/2016</p>	
<p>Printed name of Authorized Officer or employee: Jerry Schneider</p>					
<p>Title or position of Authorized Officer or employee: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 608-586-4111</p>					
<p>Study Area Code of Reporting Carrier</p>	330908		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: LAKELAND-MILLTOWN</p>					
<p>Signature of Authorized Officer or employee: Crystal Morley</p>				<p><small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland-milltown,l=Milltown WI 54858, Date:5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Crystal Morley</p>					
<p>Title or position of Authorized Officer or employee: Accounting Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-825-5105</p>					
Study Area Code of Reporting Carrier	330910		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					
<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: NELSON COMM COOP					
Signature of Authorized Officer or employee: Christy Berger <div> <small>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</small> </div>				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	
<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					
<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: NIAGARA TEL CO					
Signature of Authorized Officer or employee: Robert Webb <div> <small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=niagara tel co,l=Green Bay WI 54307-9079, Date:5/20/2016</small> </div>				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	
<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					
<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>					
<p>Name of Reporting Carrier: BAYLAND TEL, LLC</p>					
<p>Signature of Authorized Officer or employee: Robert Webb</p>				<p>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</p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Robert Webb</p>					
<p>Title or position of Authorized Officer or employee: Vice President/COO</p>					
<p>Telephone number of Authorized Officer or employee: 920-617-7351</p>					
Study Area Code of Reporting Carrier	330925		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 		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 ext.			
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					
<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>					
<p>Name of Reporting Carrier: PRICE COUNTY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Catherine Mess</p>				<p><small>Digitally signed by Catherine Mess DN:cn=Catherine Mess,email=messc@pctcnet.net,O=price county tel co,l=Phillips WI 54555-0108, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Catherine Mess</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 715-339-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	330937		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: NORTHEAST TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Webb</p>				<p><small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=northeast tel co,l=Green Bay WI 54307-9079, Date:5/20/2016</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Robert Webb</p>					
<p>Title or position of Authorized Officer or employee: Vice President/COO</p>					
<p>Telephone number of Authorized Officer or employee: 920-617-7351</p>					
<p>Study Area Code of Reporting Carrier</p>	330938		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: SPRING VALLEY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Carol Anderson</p>				<p><small>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</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Carol Anderson</p>					
<p>Title or position of Authorized Officer or employee: Assistant Manager/Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 715-778-4433</p>					
<p>Study Area Code of Reporting Carrier</p>	330953		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: TRI-COUNTY COMM COOP</p>					
<p>Signature of Authorized Officer or employee: Cheryl Rue</p>				<p><small>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</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Cheryl Rue</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 715-695-2691</p>					
<p>Study Area Code of Reporting Carrier</p>	330960		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: UNION TEL CO</p>					
<p>Signature of Authorized Officer or employee: Katherine Kehl</p>				<p><small>Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel co,l=Plainfield WI 54966-0096, Date:5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Katherine Kehl</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 715-335-6301</p>					
<p>Study Area Code of Reporting Carrier</p>	330962		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: VERNON COMM. COOP.</p>					
<p>Signature of Authorized Officer or employee: Rodney Olson</p>				<p><small>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</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Rodney Olson</p>					
<p>Title or position of Authorized Officer or employee: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 608-634-7421</p>					
<p>Study Area Code of Reporting Carrier</p>	330966		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: W. WISCONSIN TELCOM</p>					
<p>Signature of Authorized Officer or employee: Mark Stenseth</p>				<p><small>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</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Stenseth</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-664-8311</p>					
<p>Study Area Code of Reporting Carrier</p>	330971		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: WITTENBERG TEL CO</p>					
<p>Signature of Authorized Officer or employee: Linda Garbelman</p>				<p><small>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</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Linda Garbelman</p>					
<p>Title or position of Authorized Officer or employee: CFO/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 715-253-2115</p>					
Study Area Code of Reporting Carrier	330973		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					
<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>					
<p>Name of Reporting Carrier: WOOD COUNTY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Gregory Krings</p>				<p>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</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Gregory Krings</p>					
<p>Title or position of Authorized Officer or employee: Director of Finance</p>					
<p>Telephone number of Authorized Officer or employee: 715-421-8129</p>					
Study Area Code of Reporting Carrier	330974		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					
<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: ADAMS TEL COOP					
Signature of Authorized Officer or employee: James Broemmer Jr.				<small>Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbrommer@adams.net,O=adams tel coop,l=Golden IL 62339, Date:5/16/2016</small> 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	
<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					
<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>					
<p>Name of Reporting Carrier: ALHAMBRA-GRANTFORK</p>					
<p>Signature of Authorized Officer or employee: Kevin Osterbur</p>				<p><small>Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork, =Alhambra IL 62001-0207, Date:5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Kevin Osterbur</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 618-488-2165</p>					
<p>Study Area Code of Reporting Carrier</p>	340978		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: CAMBRIDGE TEL CO -IL</p>					
<p>Signature of Authorized Officer or employee: Scott Rubins</p>				<p>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=cambridge tel co -il,IL=Geneseo IL 61254-0330, Date:5/18/2016</p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: Scott Rubins</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 309-944-2103</p>					
Study Area Code of Reporting Carrier	340983		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					
<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>					
<p>Name of Reporting Carrier: CASS TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tom Allen</p>				<p><small>Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,l=Virginia IL 62691, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Tom Allen</p>					
<p>Title or position of Authorized Officer or employee: Vice President/Chief Operating Officer</p>					
<p>Telephone number of Authorized Officer or employee: 217-452-7800</p>					
<p>Study Area Code of Reporting Carrier</p>	340984		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

05-16-16:12:47 ;

; 3149972561

APPENDIX D # 6/ 6
EXHIBIT 2

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 officer	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, 603(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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			
Study Area Code of Reporting Carrier	340993	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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


I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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		
Study Area Code of Reporting Carrier		341003	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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		
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.

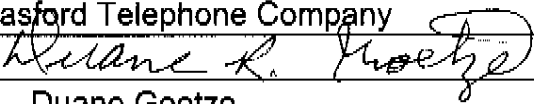
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<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>					
<p>Name of Reporting Carrier: GENESEO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Scott Rubins</p>				<p><small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=geneseo tel co,l=Geneseo IL 61254-0330, Date:5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Scott Rubins</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 309-944-2103</p>					
<p>Study Area Code of Reporting Carrier</p>	341016		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 CompanySignature of authorized officer Leigh SickingerDate 05/24/2016Printed name of authorized officer Leigh SickingerTitle or position of authorized officer Vice PresidentTelephone number of authorized officer: (618) 786-3400Study Area Code of Reporting Carrier 341020Filing Due Date for this form
(mm/dd/yyyy)6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

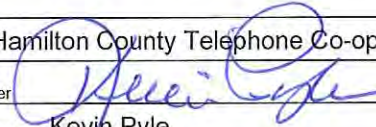
Name of Reporting Carrier <u>Grandview mutual Telephone</u>			
Signature of authorized officer <u>Angela Tate</u>		Date <u>5-27-2016</u>	
Printed name of authorized officer <u>Angela Tate</u>			
Title or position of authorized officer <u>TREASURER</u>			
Telephone number of authorized officer: <u>017946-4401</u>			
Study Area Code of Reporting Carrier	<u>341021</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2016</u>

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: GRIDLEY TEL CO					
Signature of Authorized Officer or employee: Herb Flesher <small>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</small>				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	
<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 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					
<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>					
<p>Name of Reporting Carrier: SHAWNEE TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: James Grisham</p>				<p><small>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</small></p>	
<p>Date: 5/27/2016</p>					
<p>Printed name of Authorized Officer or employee: James Grisham</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 618-276-4211</p>					
<p>Study Area Code of Reporting Carrier</p>	341025		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: HENRY COUNTY TEL CO					
Signature of Authorized Officer or employee: Scott Rubins <small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=henry county tel co,l=Geneseo IL 61254-0330, Date:5/18/2016</small>				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			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Home Telephone 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: KINSMAN MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Michelle Baudino</p>				<p><small>Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel,l=Kinsman IL 60437, Date:5/20/2016</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Michelle Baudino</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 815-392-4210</p>					
Study Area Code of Reporting Carrier	341041		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 **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					
<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>					
<p>Name of Reporting Carrier: LEAF RIVER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Aaron Palmer</p>				<p>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</p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Aaron Palmer</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 815-738-2216</p>					
Study Area Code of Reporting Carrier	341045		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				Leonore Mutual Tel. Co.	
Signature of authorized officer			Date		5/25/2016
Printed name of authorized officer			Donna Naas		
Title or position of authorized officer			Assistant Secretary		
Telephone number of authorized officer:			(815) 856-3164 ext.		
Study Area Code of Reporting Carrier		341046	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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					
<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>					
<p>Name of Reporting Carrier: MADISON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mary Schwartz</p>				<p><small>Digitally signed by Mary Schwartz DN:cn=Mary Schwartz,email=infomtc@madison.telco.com,O=madison tel co,l=Staunton IL 62088, Date:5/20/2016</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Mary Schwartz</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 618-635-5000</p>					
<p>Study Area Code of Reporting Carrier</p>	341049		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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		<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>		Date 05/16/2016
Printed name of authorized officer Ann E. Dickerson				
Title or position of authorized officer CFO				
Telephone number of authorized officer: (309) 367-4197 , ext.				
Study Area Code of Reporting Carrier	341050	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 -05'00'</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	
<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					
<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>					
<p>Name of Reporting Carrier: MIDCENTURY TEL CO-OP</p>					
<p>Signature of Authorized Officer or employee: James Broemmer, Jr.</p>				<p>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</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: James Broemmer, Jr.</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 309-778-8611</p>					
Study Area Code of Reporting Carrier	341054		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 <i>MONTROSE Mutual Tel. Co., INC</i>			
Signature of authorized officer <i>George P. Tays</i>		Date	<i>5-25-16</i>
Printed name of authorized officer <i>George P. TAYS</i>			
Title or position of authorized officer <i>Sec / Treas</i>			
Telephone number of authorized officer: <i>217 925-5242 ext.</i>			
Study Area Code of Reporting Carrier	<i>34-1058</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					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			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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

5/25/2016Printed name of authorized officer **Richard Ristau**Title or position of authorized officer **Secretary**Telephone number of authorized officer: **(309) 667-2712**

Study Area Code of Reporting Carrier

341062Filing Due Date for this form
(mm/dd/yyyy)**6/16/2016**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 		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.			

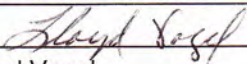
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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.			

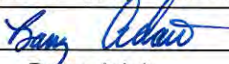
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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			
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					
<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>					
<p>Name of Reporting Carrier: VIOLA HOME TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Millikan</p>				<p><small>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</small></p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Robert Millikan</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 309-596-2109</p>					
<p>Study Area Code of Reporting Carrier</p>	341087		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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:		8152862345	
Study Area Code of Reporting Carrier	341092	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: REASNOR TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Gary Neill</p>				<p>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=reasnor tel. co.,l= , Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Gary Neill</p>					
<p>Title or position of Authorized Officer or employee: Consultant</p>					
<p>Telephone number of Authorized Officer or employee: 402-477-1354</p>					
Study Area Code of Reporting Carrier	350739		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					
<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: ANDREW TEL CO INC					
Signature of Authorized Officer or employee: JoAnne Gregorich				<small>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</small> 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	
<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 <u>Arcadia Telephone Cooperative</u>			
Signature of authorized officer <u>Tony Vonnahme</u>		Date	<u>5-23-16</u>
Printed name of authorized officer <u>Tony Vonnahme</u>			
Title or position of authorized officer <u>Board President</u>			
Telephone number of authorized officer: <u>(726) 89238</u> ext.			
Study Area Code of Reporting Carrier	<u>351098</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2016</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: ATKINS TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: Gerald Spaight</p>				<p><small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc, n=Atkins IA 52206, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Gerald Spaight</p>					
<p>Title or position of Authorized Officer or employee: General Manager / Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 319-446-7331</p>					
<p>Study Area Code of Reporting Carrier</p>	351101		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: AYRSHIRE FARMERS MUT</p>					
<p>Signature of Authorized Officer or employee: Donald Miller</p>				<p>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</p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Donald Miller</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-776-2222</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351105</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ALPINE COMM.					
Signature of Authorized Officer or employee: Chris Hopp				<small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:5/18/2016</small> 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	
<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					
<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: BALDWIN-NASHVILLE					
Signature of Authorized Officer or employee: Brian Rickels				<small>Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville,l=Baldwin IA 52207-0050, Date:5/18/2016</small> 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	
<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					
<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>					
<p>Name of Reporting Carrier: BARNES CITY COOP</p>					
<p>Signature of Authorized Officer or employee: Doris Freeborn</p>				<p>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</p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Doris Freeborn</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 641-644-5214</p>					
Study Area Code of Reporting Carrier	351108		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					
<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>					
<p>Name of Reporting Carrier: BERNARD TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Kyle Manders</p>				<p>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</p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: Kyle Manders</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-879-3203</p>					
Study Area Code of Reporting Carrier	351110		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					
<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>					
<p>Name of Reporting Carrier: BREDA TEL CORP.</p>					
<p>Signature of Authorized Officer or employee: Jane Morlok</p>				<p>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</p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Jane Morlok</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 712-673-8101</p>					
Study Area Code of Reporting Carrier	351112		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: TITONKA-BURT (BURT)</p>					
<p>Signature of Authorized Officer or employee: Vicky Nelson</p>				<p><small>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt(burt),l=Titonka IA 50480-0321, Date:5/16/2016</small></p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Vicky Nelson</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 515-928-2110</p>					
<p>Study Area Code of Reporting Carrier</p>	351114		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: BUTLER-BREMER MUTUAL</p>					
<p>Signature of Authorized Officer or employee: Richard McBurney</p>				<p>Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=butler-bremer mutual,l=Plainfield IA 50666-0099, Date:5/16/2016</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Richard McBurney</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-276-4458</p>					
Study Area Code of Reporting Carrier	351115		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					
<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>					
<p>Name of Reporting Carrier: CASCADE COMM. CO.</p>					
<p>Signature of Authorized Officer or employee: David Gibson</p>				<p><small>Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade comm. co.,l=Cascade IA 52033-0250, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: David Gibson</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Compliance Officer</p>					
<p>Telephone number of Authorized Officer or employee: 563-852-3710</p>					
<p>Study Area Code of Reporting Carrier</p>	351118		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: CASEY MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: John Breining</p>				<p>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel co,l=Casey IA 50048, Date:5/26/2016</p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: John Breining</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-746-2222</p>					
Study Area Code of Reporting Carrier	351119		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				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					
<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>					
<p>Name of Reporting Carrier: CENTRAL SCOTT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kent Dau</p>				<p>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</p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Kent Dau</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 563-285-9611</p>					
<p>Study Area Code of Reporting Carrier</p>	351125		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: CITIZENS MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Joe Snyder</p>				<p>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</p>	
				<p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Joe Snyder</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-664-2074</p>					
Study Area Code of Reporting Carrier	351129		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					
<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>					
<p>Name of Reporting Carrier: CLARENCE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mark Harvey</p>				<p>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</p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Mark Harvey</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-476-7800</p>					
Study Area Code of Reporting Carrier	351130		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					
<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: CLEAR LAKE INDEPEND					
Signature of Authorized Officer or employee: Thomas Lovell <small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=clear lake independ,l=Clear Lake IA 50428-0066, Date:5/20/2016</small>				Date: 5/20/2016	
Printed name of Authorized Officer or employee: Thomas Lovell					
Title or position of Authorized Officer or employee: General Manager/Vice President					
Telephone number of Authorized Officer or employee: 641-357-2111					
Study Area Code of Reporting Carrier	351132		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<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					
<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>					
<p>Name of Reporting Carrier: C-M-L TEL COOP ASSN</p>					
<p>Signature of Authorized Officer or employee: Bruce Johnson</p>				<p><small>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</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Bruce Johnson</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 712-443-8222</p>					
<p>Study Area Code of Reporting Carrier</p>	351133		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: COON CREEK TEL CO</p>					
<p>Signature of Authorized Officer or employee: Debra Lucht</p>				<p><small>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</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Debra Lucht</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-454-6234</p>					
Study Area Code of Reporting Carrier	351136		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					
<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>					
<p>Name of Reporting Carrier: COON VALLEY COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Jim Nelson</p>				<p><small>Digitally signed by Jim Nelson DN:cn=Jim Nelson,email=jnelson@coonvalleytelco.com,O=coon valley coop tel,l=Menlo IA 50164, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Jim Nelson</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-524-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	351137		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: COOPERATIVE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Scott Schabacker</p>				<p><small>Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=coopitel@netins.net,O=cooperative tel co,l=Victor IA 52347, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Scott Schabacker</p>					
<p>Title or position of Authorized Officer or employee: Chief Operating Officer/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-647-3131</p>					
<p>Study Area Code of Reporting Carrier</p>	351139		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: CORN BELT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Lee Wuebker</p>				<p><small>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</small></p> <p>Date: 5/24/2016</p>	
<p>Printed name of Authorized Officer or employee: Lee Wuebker</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-664-2221</p>					
Study Area Code of Reporting Carrier	351141		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		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:		713 724-2221		
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					
<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>					
<p>Name of Reporting Carrier: DANVILLE MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Timothy FencI</p>				<p><small>Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfenci@danvilletelco.net,O=danville mutual tel,l=Danville IA 52623, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Timothy FencI</p>					
<p>Title or position of Authorized Officer or employee: General Manager & CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-392-4251</p>					
Study Area Code of Reporting Carrier	351147		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: FARMERS (DEFIANCE)</p>					
<p>Signature of Authorized Officer or employee: Thomas Conry</p>				<p><small>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</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Thomas Conry</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 712-744-3131</p>					
Study Area Code of Reporting Carrier	351149		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					
<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: DIXON ACQ LLC					
Signature of Authorized Officer or employee: Kent Dau <small>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</small>				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	
<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					
<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>					
<p>Name of Reporting Carrier: DUMONT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Roger Kregel</p>				<p>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</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Roger Kregel</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-857-3211</p>					
<p>Study Area Code of Reporting Carrier</p>	351152		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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.			

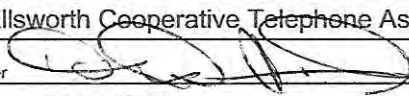
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 15/24/16	
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	351157	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: MINBURN TELECOMM.					
Signature of Authorized Officer or employee: Debra Lucht				<small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecomm.,l=Minburn IA 50167, Date:5/19/2016</small> 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-Retain Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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			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					
<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>					
<p>Name of Reporting Carrier: FARMERS COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mark Harvey</p>				<p><small>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</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Harvey</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-476-7800</p>					
<p>Study Area Code of Reporting Carrier</p>	351162		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: FARMERS & MERCHANTS</p>					
<p>Signature of Authorized Officer or employee: Susie Stalder</p>				<p>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</p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Susie Stalder</p>					
<p>Title or position of Authorized Officer or employee: Operations Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-256-2736</p>					
Study Area Code of Reporting Carrier	351166		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer or employee: Thomas Conry</p>				<p><small>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</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Thomas Conry</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 712-744-3131</p>					
<p>Study Area Code of Reporting Carrier</p>	351168		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer or employee: Tammy Wheeler</p>				<p><small>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</small></p> <p>Date: 5/24/2016</p>	
<p>Printed name of Authorized Officer or employee: Tammy Wheeler</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-642-3249</p>					
<p>Study Area Code of Reporting Carrier</p>	351169		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: FARMERS MUTUAL JESUP</p>					
<p>Signature of Authorized Officer or employee: Tony Lang</p>				<p><small>Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup, Jesup IA 50648-0249, Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Tony Lang</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-827-1151</p>					
Study Area Code of Reporting Carrier	351171		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 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	351172	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer or employee: Curtis Eldred</p>				<p>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</p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Curtis Eldred</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-436-2224</p>					
Study Area Code of Reporting Carrier	351173		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					
<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>					
<p>Name of Reporting Carrier: FARMERS MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Kevin Cabbage</p>				<p><small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=farmers mutual tel,l=Stanton IA 51573-0220, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Kevin Cabbage</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 712-829-2111</p>					
Study Area Code of Reporting Carrier	351174		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					
<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: FARMERS TEL CO - BAT					
Signature of Authorized Officer or employee: Joe Snyder				<small>Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=farmers tel co - bat,l=Bloomfield IA 52537, Date:5/23/2016</small> 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	
<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					
<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>					
<p>Name of Reporting Carrier: FARMERS TEL CO-ESSEX</p>					
<p>Signature of Authorized Officer or employee: Tim Hill</p>				<p>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel co-essex, Essex IA 51638, Date:5/16/2016</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Tim Hill</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-379-3001</p>					
Study Area Code of Reporting Carrier	351176		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 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.

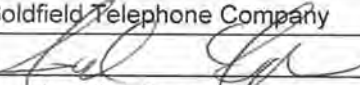
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 <u>Fenton Co-op Tel. Co.</u>			
Signature of authorized officer <u>Steven C. Longhenry</u>		Date	<u>5-20-16</u>
Printed name of authorized officer <u>Steven C. Longhenry</u>			
Title or position of authorized officer <u>GM</u>			
Telephone number of authorized officer: <u>(515) 889 2755 ext.</u>			
Study Area Code of Reporting Carrier	<u>351179</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2016</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 802, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

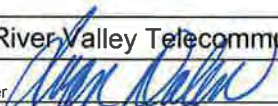
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: PARTNER COMM. COOP.</p>					
<p>Signature of Authorized Officer or employee: Arthur Cooper</p>				<p><small>Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=coop@pcctel.net,O=partner comm. coop.,l= , Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Arthur Cooper</p>					
<p>Title or position of Authorized Officer or employee: Board President</p>					
<p>Telephone number of Authorized Officer or employee: 641-498-7701</p>					
<p>Study Area Code of Reporting Carrier</p>	351187		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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					
<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>					
<p>Name of Reporting Carrier: GRAND MOUND COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Marcus Behnken</p>				<p><small>Digitally signed by Marcus Behnken DN:cn=Marcus Behnken,email=mbehnken@gmcta.coop,O=grand mound coop tel,l=Grand Mound IA 52751, Date:5/24/2016</small></p> <p>Date: 5/24/2016</p>	
<p>Printed name of Authorized Officer or employee: Marcus Behnken</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-847-3000</p>					
<p>Study Area Code of Reporting Carrier</p>	351191		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: GRISWOLD CO-OP TEL</p>					
<p>Signature of Authorized Officer or employee: Amy McLaren</p>				<p><small>Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold co-op tel,l=Griswold IA 51535-0640, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Amy McLaren</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-778-2121</p>					
Study Area Code of Reporting Carrier	351195		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					
<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>					
<p>Name of Reporting Carrier: HAWKEYE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Charles Gray</p>				<p><small>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</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Charles Gray</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 563-427-3331</p>					
<p>Study Area Code of Reporting Carrier</p>	351199		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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					
<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>					
<p>Name of Reporting Carrier: HUBBARD COOP ASSN</p>					
<p>Signature of Authorized Officer or employee: David Lowe</p>				<p><small>Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,l=Hubbard IA 50122-0428, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: David Lowe</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 641-864-2216</p>					
<p>Study Area Code of Reporting Carrier</p>	351203		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: HUXLEY COMM. COOP.</p>					
<p>Signature of Authorized Officer or employee: Gary Clark</p>				<p><small>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</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Gary Clark</p>					
<p>Title or position of Authorized Officer or employee: General Manager and Executive VP</p>					
<p>Telephone number of Authorized Officer or employee: 515-597-2281</p>					
Study Area Code of Reporting Carrier	351205		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>					

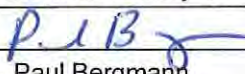
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<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>					
<p>Name of Reporting Carrier: IAMO TEL CO - IA</p>					
<p>Signature of Authorized Officer or employee: Jack Jones</p>				<p><small>Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - ia,I=Coin IA 51636, Date:5/25/2016</small></p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Jack Jones</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-583-3232</p>					
<p>Study Area Code of Reporting Carrier</p>	351206		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: INTERSTATE 35 TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mike Weis</p>				<p><small>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</small></p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Mike Weis</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 641-765-4201</p>					
<p>Study Area Code of Reporting Carrier</p>	351209		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
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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					
<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>					
<p>Name of Reporting Carrier: KALONA COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Casey Peck</p>				<p><small>Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey@kctc.net,O=kalona coop tel co,l=Kalona IA 52247-1208, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Casey Peck</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 319-656-3668</p>					
<p>Study Area Code of Reporting Carrier</p>	351214		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: LA MOTTE TEL CO</p>					
<p>Signature of Authorized Officer or employee: JoAnne Gregorich</p>				<p><small>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</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: JoAnne Gregorich</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-773-2213</p>					
<p>Study Area Code of Reporting Carrier</p>	351222		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: LEHIGH VALLEY COOP					
Signature of Authorized Officer or employee: Jim Suchan <small>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</small>				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	
<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 Lone Rock Coop. Tel. Co.

Signature of authorized officer

Roger P. Jensen

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

351228Filing Due Date for this form
(mm/dd/yyyy)6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: LOST NATION-ELWOOD					
Signature of Authorized Officer or employee: Jan Muhl <small>Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood,l= , Date:5/19/2016</small>				Date: 5/19/2016	
Printed name of Authorized Officer or employee: Jan Muhl					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 563-678-2470					
Study Area Code of Reporting Carrier	351229		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<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					
<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>					
<p>Name of Reporting Carrier: NORTHEAST IOWA TEL</p>					
<p>Signature of Authorized Officer or employee: David Byers</p>				<p><small>Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=northeast iowa tel,l=Monona IA 52159-0835, Date:5/17/2016</small></p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: David Byers</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 563-539-2122</p>					
<p>Study Area Code of Reporting Carrier</p>	351230		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: LYNNVILLE TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Gary Neill</p>				<p>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=lynnville tel. co.,l= , Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Gary Neill</p>					
<p>Title or position of Authorized Officer or employee: Consultant</p>					
<p>Telephone number of Authorized Officer or employee: 402-477-1354</p>					
Study Area Code of Reporting Carrier	351232		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					
<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: FARMERS (MANILLA)					
Signature of Authorized Officer or employee: Thomas Conry <small>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</small>				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	
<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

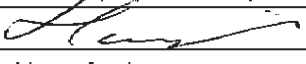
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MARNE & ELK HORN TEL</p>					
<p>Signature of Authorized Officer or employee: Janell Hansen</p>				<p>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</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Janell Hansen</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 712-764-6161</p>					
<p>Study Area Code of Reporting Carrier</p>	351237		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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, ext.

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.

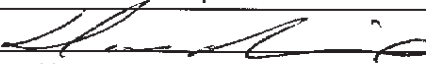
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<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>					
<p>Name of Reporting Carrier: MASSENA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kathleen Foster</p>				<p>Digitally signed by Kathleen Foster DN:cn=Kathleen Foster,email=kfoster@netins.net,O=massena tel co,l=Massena IA 50853, Date:5/16/2016</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Kathleen Foster</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 712-779-2227</p>					
<p>Study Area Code of Reporting Carrier</p>	351239		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 ext.			
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					
<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>					
<p>Name of Reporting Carrier: MINBURN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Debra Lucht</p>				<p>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</p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Debra Lucht</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 515-677-2264</p>					
Study Area Code of Reporting Carrier	351245		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			
<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 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			
Study Area Code of Reporting Carrier	351245	Filing Due Date for this form (mm/dd/yyyy)	July 2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: MINERVA VALLEY TEL</p>					
<p>Signature of Authorized Officer or employee: Levi Bappe</p>				<p>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</p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Levi Bappe</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-487-7399</p>					
<p>Study Area Code of Reporting Carrier</p>	351246		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: MODERN COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Jeffrey Brower</p>				<p><small>Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop tel co,l=South English IA 52335, Date:5/24/2016</small></p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Jeffrey Brower</p>					
<p>Title or position of Authorized Officer or employee: General Manager/COO</p>					
<p>Telephone number of Authorized Officer or employee: 319-667-2375</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351247</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Randy Foor</p>				<p><small>Digitally signed by Randy Foor DN:cn=Randy Foor,email=rdf@mutel.com,O=mutual tel co,l=Morning Sun IA 52640, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Randy Foor</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 319-868-7636</p>					
Study Area Code of Reporting Carrier	351250		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: MEDIAPOLIS TEL CO</p>					
<p>Signature of Authorized Officer or employee: William Malcom</p>				<p><small>Digitally signed by William Malcom DN:cn=William Malcom,email=bmalcom@mepotelco.net,O=mediapolis tel co,l=Mediapolis IA 52637, Date:5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: William Malcom</p>					
<p>Title or position of Authorized Officer or employee: General Manager & CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-394-3456</p>					
<p>Study Area Code of Reporting Carrier</p>	351251		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

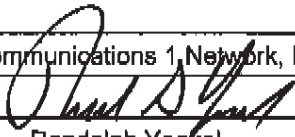
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: NORTHWEST IOWA TEL</p>					
<p>Signature of Authorized Officer or employee: Paul Bergmann</p>				<p>Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=paul.bergmann@longlines.biz,O=northwest iowa tel,l=Sergeant Bluff IA 51054, Date:5/24/2016</p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Paul Bergmann</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 712-271-5535</p>					
Study Area Code of Reporting Carrier	351260		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: NORTHWEST TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Donald Miller</p>				<p><small>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</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Donald Miller</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 712-776-2222</p>					
<p>Study Area Code of Reporting Carrier</p>	351261		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the 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 Yeakel			
Title or position of authorized officer President/CEO			
Telephone number of authorized officer: (641) 762-3772			
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. §§ 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					
<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>					
<p>Name of Reporting Carrier: OGDEN TEL CO - IA</p>					
<p>Signature of Authorized Officer or employee: Gary Clark</p>				<p><small>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</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Gary Clark</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-275-2050</p>					
<p>Study Area Code of Reporting Carrier</p>	351263		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: OLIN TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: Rodney Cozart</p>				<p><small>Digitally signed by Rodney Cozart DN:cn=Rodney Cozart,email=olintel@netins.net,O=olin tel co, inc,l=Olin IA 52320-0130, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Rodney Cozart</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-484-2200</p>					
<p>Study Area Code of Reporting Carrier</p>	351264		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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					
<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>					
<p>Name of Reporting Carrier: ORAN MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Barb Gruetzmacher</p>				<p><small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co, Date:5/16/2016</small></p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Barb Gruetzmacher</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 319-638-6006</p>					
<p>Study Area Code of Reporting Carrier</p>	351266		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: PALO COOP TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Mark Harvey</p>				<p><small>Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=ctcmanager@netins.net,O=palo coop tel assn,l=Dysart IA 52224-0280, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Harvey</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-476-7800</p>					
Study Area Code of Reporting Carrier	351269		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					
<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>					
<p>Name of Reporting Carrier: PALMER MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Andy Peterson</p>				<p><small>Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,lc=Palmer IA 50571, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Andy Peterson</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 712-359-2411</p>					
<p>Study Area Code of Reporting Carrier</p>	351270		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: PANORA COMM COOP</p>					
<p>Signature of Authorized Officer or employee: Andrew Randol</p>				<p><small>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</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Andrew Randol</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 641-755-2424</p>					
<p>Study Area Code of Reporting Carrier</p>	351271		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: PEOPLES TEL CO - IA</p>					
<p>Signature of Authorized Officer or employee: Curt Kawlewski</p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia, Date: 5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Curt Kawlewski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-233-4172</p>					
<p>Study Area Code of Reporting Carrier</p>	351273		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: PRAIRIEBURG TEL CO					
Signature of Authorized Officer or employee: LaRae Reichenauer				<small>Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel co,l= , Date:5/16/2016</small> 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	
<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					
<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>					
<p>Name of Reporting Carrier: PRESTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Roger Kilburg</p>				<p>Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestonel.com,O=preston tel co,l=Preston IA 52069-0167, Date:5/18/2016</p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Roger Kilburg</p>					
<p>Title or position of Authorized Officer or employee: Manager/Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 563-689-3811</p>					
Study Area Code of Reporting Carrier	351276		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					
<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>					
<p>Name of Reporting Carrier: RADCLIFFE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Edwin Drake</p>				<p><small>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</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Edwin Drake</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-899-2341</p>					
<p>Study Area Code of Reporting Carrier</p>	351277		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: RINGSTED TEL CO</p>					
<p>Signature of Authorized Officer or employee: Aaron McCartan</p>				<p><small>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringstelco.com,O=ringsted tel co,l=Ringsted IA 50578, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Aaron McCartan</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-866-8000</p>					
<p>Study Area Code of Reporting Carrier</p>	351280		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

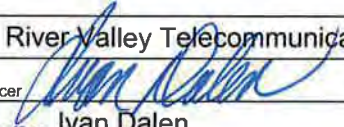
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ROCKWELL COOP ASSN					
Signature of Authorized Officer or employee: David Severin <small>Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,l=Rockwell IA 50469, Date:5/24/2016</small>				Date: 5/24/2016	
Printed name of Authorized Officer or employee: David Severin					
Title or position of Authorized Officer or employee: General Mgr/Assist Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 641-822-3212					
Study Area Code of Reporting Carrier	351282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<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					
<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>					
<p>Name of Reporting Carrier: ROYAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: John Noah</p>				<p>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel co,l=Royal IA 51357, Date:5/23/2016</p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: John Noah</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CCO</p>					
<p>Telephone number of Authorized Officer or employee: 712-933-2615</p>					
Study Area Code of Reporting Carrier	351283		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 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, ext.				
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					
<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>					
<p>Name of Reporting Carrier: SAC COUNTY MUTUAL</p>					
<p>Signature of Authorized Officer or employee: Ronald Sorensen</p>				<p>Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual, =Odebolt IA 51458, Date:5/23/2016</p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Ronald Sorensen</p>					
<p>Title or position of Authorized Officer or employee: Compliance Officer</p>					
<p>Telephone number of Authorized Officer or employee: 712-668-2200</p>					
Study Area Code of Reporting Carrier	351285		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					
<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>					
<p>Name of Reporting Carrier: SCHALLER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Missy Kestel</p>				<p><small>Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel co,l=Schaller IA 51053, Date:5/24/2016</small></p> <p>Date: 5/24/2016</p>	
<p>Printed name of Authorized Officer or employee: Missy Kestel</p>					
<p>Title or position of Authorized Officer or employee: Accounting General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-275-4211</p>					
<p>Study Area Code of Reporting Carrier</p>	351291		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: SEARSBORO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Gary Neill</p>				<p>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=searsboro tel co,l= , Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Gary Neill</p>					
<p>Title or position of Authorized Officer or employee: Consultant</p>					
<p>Telephone number of Authorized Officer or employee: 402-477-1354</p>					
Study Area Code of Reporting Carrier	351292		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					
<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>					
<p>Name of Reporting Carrier: SHARON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Schneider, Jr.</p>				<p>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</p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Robert Schneider, Jr.</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-679-2211</p>					
Study Area Code of Reporting Carrier	351293		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					
<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>					
<p>Name of Reporting Carrier: SCRANTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Allen Jacob</p>				<p>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</p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Allen Jacob</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-652-3355</p>					
Study Area Code of Reporting Carrier	351294		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					
<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: SHELL ROCK COMM					
Signature of Authorized Officer or employee: Richard McBurney <small>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</small>				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Richard McBurney					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 319-276-4458					
Study Area Code of Reporting Carrier	351295		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: HEART OF IOWA COMM.</p>					
<p>Signature of Authorized Officer or employee: Bryan Amundson</p>				<p><small>Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa comm.,l=Union IA 50258-0130, Date:5/24/2016</small></p> <p>Date: 5/24/2016</p>	
<p>Printed name of Authorized Officer or employee: Bryan Amundson</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-486-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	351297		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: SOUTH SLOPE COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Justyn Miller</p>				<p>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</p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: Justyn Miller</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 319-626-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	351298		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: SOUTHWEST TEL EXCH</p>					
<p>Signature of Authorized Officer or employee: Mike Weis</p>				<p><small>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</small></p> <p>Date: 5/24/2016</p>	
<p>Printed name of Authorized Officer or employee: Mike Weis</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 641-765-4201</p>					
<p>Study Area Code of Reporting Carrier</p>	351301		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: SPRINGVILLE COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Jean Schilling</p>				<p><small>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</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Jean Schilling</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-854-6107</p>					
<p>Study Area Code of Reporting Carrier</p>	351302		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 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: 641.594.2805 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>			

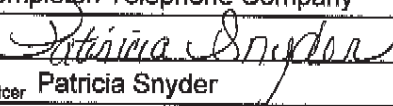
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<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>					
<p>Name of Reporting Carrier: SUPERIOR TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Cheryl Noble</p>				<p><small>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</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Cheryl Noble</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-858-4591</p>					
Study Area Code of Reporting Carrier	351307		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				Templeton Telephone Company	
Signature of authorized officer				Date	05/20/2016
Printed name of authorized officer		Patricia Snyder			
Title or position of authorized officer		General Manager Secretary/Treasurer			
Telephone number of authorized officer:		(712) 669-3311 ext.			
Study Area Code of Reporting Carrier	351308	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: TERRIL TEL. COOP.					
Signature of Authorized Officer or employee: John Noah <small>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</small>				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	
<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					
<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: TITONKA-BURT					
Signature of Authorized Officer or employee: Vicky Nelson <small>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,lc=Titonka IA 50480-0321, Date:5/16/2016</small>				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	
<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				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					
<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>					
<p>Name of Reporting Carrier: VAN BUREN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kevin Hranicka</p>				<p><small>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</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Kevin Hranicka</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-293-3187</p>					
<p>Study Area Code of Reporting Carrier</p>	351319		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: VAN HORNE COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Kerry Less</p>				<p><small>Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,I=Van Horne IA 52346-0096, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Kerry Less</p>					
<p>Title or position of Authorized Officer or employee: CFO - Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 319-228-8791</p>					
Study Area Code of Reporting Carrier	351320		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: VENTURA TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: Thomas Lovell</p>				<p><small>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</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Thomas Lovell</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 641-357-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	351322		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: VILLISCA FARMERS TEL</p>					
<p>Signature of Authorized Officer or employee: Kevin Cabbage</p>				<p><small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,l=Stanton IA 51573-0220, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Kevin Cabbage</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 712-829-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	351324		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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		
Printed name of authorized officer			16 MAY 2016		
Title or position of authorized officer			PAULS HAYNE		
Telephone number of authorized officer:			GENERAL MANAGER		
714-784-2211					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016	
351/26					

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: WEBB-DICKENS TEL					
Signature of Authorized Officer or employee: Doug Boone <small>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=webb-dickens tel,l=Sioux Center IA 51250, Date:5/23/2016</small>				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	
<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					
<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>					
<p>Name of Reporting Carrier: WEBSTER-CALHOUN COOP</p>					
<p>Signature of Authorized Officer or employee: Daryl Carlson</p>				<p>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</p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Daryl Carlson</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 515-352-3151</p>					
Study Area Code of Reporting Carrier	351328		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					
<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>					
<p>Name of Reporting Carrier: WELLMAN COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Jayne Hochstedler</p>				<p>Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop tel,l=Wellman IA 52356-0170, Date:5/16/2016</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Jayne Hochstedler</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 319-646-6075</p>					
<p>Study Area Code of Reporting Carrier</p>	351329		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: WEST IOWA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Gannon</p>				<p><small>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</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Robert Gannon</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 712-786-5572</p>					
Study Area Code of Reporting Carrier	351331		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					
<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>					
<p>Name of Reporting Carrier: WEST LIBERTY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Craig Bieber</p>				<p>Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,lc=, Date:5/23/2016</p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Craig Bieber</p>					
<p>Title or position of Authorized Officer or employee: Controller/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 319-627-2145</p>					
Study Area Code of Reporting Carrier	351332		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: Western Iowa Telephone Association			
Signature of authorized officer: <i>Russell Walker</i>		Date	5/16/2016
Printed name of authorized officer: Russell Walker			
Title or position of authorized officer: Board President			
Telephone number of authorized officer: (712) 944-5711 ext.			
Study Area Code of Reporting Carrier	351334	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: WESTSIDE INDEPENDENT</p>					
<p>Signature of Authorized Officer or employee: Jane Morlok</p>				<p><small>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=westside independent,l=Breda IA 51436-0190, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Jane Morlok</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 712-673-8101</p>					
<p>Study Area Code of Reporting Carrier</p>	351335		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: WILTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Stacie Harris</p>				<p>Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilton tel co,l=Wilton IA 52778-0970, Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Stacie Harris</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CFO</p>					
<p>Telephone number of Authorized Officer or employee: 563-732-3000</p>					
Study Area Code of Reporting Carrier	351336		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	Woolstock Mutual Telephone		
Signature of authorized officer	<i>Bob Grandgeorge</i>	Date	5-23-16
Printed name of authorized officer	Bob Grandgeorge		
Title or position of authorized officer	President		
Telephone number of authorized officer	515-839-5571		
Study Area Code of Reporting Carrier	351342	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>					
<p>Name of Reporting Carrier: WYOMING MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Debra Williams</p>				<p><small>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</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Debra Williams</p>					
<p>Title or position of Authorized Officer or employee: Office Manager/Board Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 563-488-2535</p>					
<p>Study Area Code of Reporting Carrier</p>	351343		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: PRAIRIE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Jane Morlok</p>				<p>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</p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Jane Morlok</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 712-673-8101</p>					
Study Area Code of Reporting Carrier	351344		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					
<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: ALLIANCE-HILLS IA					
Signature of Authorized Officer or employee: Kari Flanagan <small>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</small>				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	
<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					
<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>					
<p>Name of Reporting Carrier: KILLDUFF TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Gary Neill</p>				<p><small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=killduff tel. co.,l= , Date:5/17/2016</small></p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Gary Neill</p>					
<p>Title or position of Authorized Officer or employee: Consultant</p>					
<p>Telephone number of Authorized Officer or employee: 402-477-1354</p>					
<p>Study Area Code of Reporting Carrier</p>	351407		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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>					
<p>Name of Reporting Carrier: MABEL COOP TEL-IA</p>					
<p>Signature of Authorized Officer or employee: Julie Kolka</p>				<p>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</p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Julie Kolka</p>					
<p>Title or position of Authorized Officer or employee: Interim General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 507-493-5411</p>					
Study Area Code of Reporting Carrier	351424		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				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: (66Q) 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.					