

# VOLUME 1

## APPENDIX D Exhibit 3

### CARRIER CERTIFICATIONS Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OXFORD WEST TEL CO					
Signature of Authorized Officer: Dawna Hannan				<small>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</small> Date: 5/26/2016	
Printed name of Authorized Officer: Dawna Hannan					
Title or position of Authorized Officer: Director Regulatory Affairs					
Telephone number of Authorized Officer: 207-333-3455					
Study Area Code of Reporting Carrier	100002		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Lincolnville Networks, Inc.			
Signature of Authorized Officer <i>Shirley P. Manning</i>			Date 5/20/16
Printed name of Authorized Officer Shirley P Manning			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (207) 563-9911, ext.			
Study Area Code of Reporting Carrier	100003	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>OXFORD COUNTY TEL</b></p>					
<p>Signature of Authorized Officer:      <b>Dawna Hannan</b></p>				<p><small>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford county tel,l=Lewiston ME 04240, Date:5/26/2016</small></p> <p>Date:      <b>5/26/2016</b></p>	
<p>Printed name of Authorized Officer:      <b>Dawna Hannan</b></p>					
<p>Title or position of Authorized Officer:      <b>Director Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer:      <b>207-333-3455</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>100019</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE TREE TEL LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc,lc= , Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Sr Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">256-586-1420</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">100020</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Union River Telephone Company			
Signature of Authorized Officer <i>William S. Silsby Jr.</i>			Date 05/17/2016
Printed name of Authorized Officer William S. Silsby, Jr.			
Title or position of Authorized Officer President/General Manager			
Telephone number of Authorized Officer: (207) 584-9911 ext.			
Study Area Code of Reporting Carrier	100027	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>UNITEL, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Laurie Osgood</b></p>				<p>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,I=Unity ME 04988-0165, Date:5/23/2016</p>	
<p>Date: <b>5/23/2016</b></p>					
<p>Printed name of Authorized Officer: <b>Laurie Osgood</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/President</b></p>					
<p>Telephone number of Authorized Officer: <b>207-948-9952</b></p>					
Study Area Code of Reporting Carrier	<b>100029</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MID-MAINE TELECOM					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,lc= , Date:5/25/2016</small> Date: 5/25/2016	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	103315		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GRANBY TEL LLC					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc, = , Date:5/25/2016</small> Date: 5/25/2016	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	110036		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: X5 RTC LLC					
Signature of Authorized Officer: John London				<small>Digitally signed by John London DN:cn=John London,email=jlondon@x5solutions.com,O=x5 rtc llc, = , Date:5/26/2016</small> Date: 5/26/2016	
Printed name of Authorized Officer: John London					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 214-932-9293					
Study Area Code of Reporting Carrier	110737		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Bretton Woods Telephone Company, Inc.</b>				
Signature of Authorized Officer 				Date <b>5/18/16</b>
Printed name of Authorized Officer <b>Art Nicholson</b>				
Title or position of Authorized Officer <b>V.P. Operations</b>				
Telephone number of Authorized Officer: <b>(603) 278-9911</b> , ext.				
Study Area Code of Reporting Carrier	<b>120038</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001				

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 ext.			
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.			



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DIXVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ann Walsh</span></p>				<p><small>Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co, Inc., Date: 5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ann Walsh</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">781-402-1731</span></p>					
Study Area Code of Reporting Carrier	120042		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUNBARTON TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>David Montgomery</b></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: <b>5/16/2016</b></p>	
<p>Printed name of Authorized Officer: <b>David Montgomery</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>603-774-9911</b></p>					
Study Area Code of Reporting Carrier	<b>120043</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FRANKLIN TEL CO - VT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kimberly Gates Maynard</span></p>				<p>Digitally signed by Kimberly Gates Maynard DN: cn=Kimberly Gates Maynard, email=ftc@franklinvt.net, O=franklin tel co - vt, l=Franklin VT 05457, Date: 5/26/2016</p>	
<p>Date: <span style="color: blue;">5/26/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kimberly Gates Maynard</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">802-285-9911</span></p>					
Study Area Code of Reporting Carrier	140053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SHOREHAM TEL.					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l=, Date:5/25/2016</small> Date: 5/25/2016	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	140064		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	TODAY'S TELEPHONE COMPANY, INC.		
Signature of Authorized Officer	Mark D. Pacion	Date	05/26/2016
Printed name of Authorized Officer	MARK D. PACION		
Title or position of Authorized Officer	CONTROLLER		
Telephone Number of Reporting Carrier	(314) 844-5411 ext.		
County Area Code of Reporting Carrier	14061	Filing Due Date for this form (mm/dd/yyyy)	6/15/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 702, 703(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Use

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>WAITSFIELD/FAYSTON</b></p>					
<p>Signature of Authorized Officer:      <b>Roger Nishi</b></p>				<p><small>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvr.com,O=waitsfield/fayston,I=Waitsfield VT 05673, Date:5/20/2016</small></p> <p>Date:      <b>5/20/2016</b></p>	
<p>Printed name of Authorized Officer:      <b>Roger Nishi</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President - Industry Relations</b></p>					
<p>Telephone number of Authorized Officer:      <b>802-496-8336</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>140069</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>VERMONT TEL. CO-VT</b></p>					
<p>Signature of Authorized Officer:      <b>Fran Stocker</b></p>				<p>Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt, Date:5/27/2016</p>	
<p>Date:      <b>5/27/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Fran Stocker</b></p>					
<p>Title or position of Authorized Officer:      <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>802-885-7745</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>147332</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL CO-NY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Rankin</span></p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel co-ny,l= , Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Rankin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-283-0925</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150071</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASSADAGA TEL CORP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mark Maytum</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Maytum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President, COO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">716-673-3016</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150076</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHAMPLAIN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mark Webster</span></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: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Webster</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-298-2480</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150077</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				CHAZY AND WESTPORT Telephone CORPORATION	
Signature of Authorized Officer			Date		
<i>James P. Forcier</i>			5/18/2016		
Printed name of Authorized Officer					
JAMES P. FORCIER					
Title or position of Authorized Officer					
PRESIDENT					
Telephone number of Authorized Officer: (508) 962- ext. 8211					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016	
150079					

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>CITIZENS TELEPHONE COMPANY OF HAMMOND, NY, INC.</u>			
Signature of Authorized Officer <u>Mark DePuccio</u>			Date <u>05/26/2016</u>
Printed name of Authorized Officer <u>MARK DEPUCCIO</u>			
Title or position of Authorized Officer <u>CONTROLLER</u>			
Telephone number of Authorized Officer <u>(315) 324-5911 ext.</u>			
Study Area Code of Reporting Carrier	<u>150081</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.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CROWN POINT TEL CORP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Shana Macey</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Shana Macey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-597-3300</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150085</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DELHI TEL CO					
Signature of Authorized Officer: 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: Jason Miller					
Title or position of Authorized Officer: Vice President/Treasurer					
Telephone number of Authorized Officer: 607-746-1524					
Study Area Code of Reporting Carrier	150088		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUNKIRK &amp; FREDONIA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Maytum</span></p>				<p><small>Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=dunkirk &amp; fredonia,l=Fredonia NY 14063-0209, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Maytum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President, COO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">716-673-3016</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150091</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EMPIRE TEL CORP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tom Prestigiacomo</span></p>				<p><small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Prestigiacomo</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">607-522-4237</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150093</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FISHERS ISLAND TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">J. Finan</span></p>				<p>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel,l= , Date:5/16/2016</p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">J. Finan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">631-788-7251</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150095</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GERMANTOWN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Bruce Bohnsack</span></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: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Bohnsack</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President and CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-537-4835</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150097</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HANCOCK TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Wrighter, Jr</span></p>				<p><small>Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:5/17/2016</small></p>	
<p>Date: <span style="color: blue;">5/17/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Wrighter, Jr</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">607-637-9912</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150099</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARGARETVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Glen Faulkner</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Glen Faulkner</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Asst Secretary / Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">845-586-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150104</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDDLEBURGH TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Marjorie Becker</span></p>				<p><small>Digitally signed by Marjorie Becker DN:cn=Marjorie Becker,email=info@midtel.net,O=middleburgh tel co,l=Middleburgh NY 12122-0191, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Marjorie Becker</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-827-5211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150105</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEWPORT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Joseph Tomaino</span></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: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Joseph Tomaino</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of Operations</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">315-845-8112</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150107</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>NICHOLVILLE TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Jeffrey McGrath</b></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:      <b>5/20/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Jeffrey McGrath</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President/CIO</b></p>					
<p>Telephone number of Authorized Officer:      <b>315-328-5333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150108</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ONEIDA COUNTY RURAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Heather Kirkland</span></p>				<p><small>Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural,lc= , Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Heather Kirkland</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Director of Finance &amp; Accounting</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">315-865-5201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150111</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>ONTARIO TEL CO, INC.</b>					
Signature of Authorized Officer: <b>Sean Socha</b>				<small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= , Date:5/17/2016</small> Date: <b>5/17/2016</b>	
Printed name of Authorized Officer: <b>Sean Socha</b>					
Title or position of Authorized Officer: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer: <b>585-433-6666</b>					
Study Area Code of Reporting Carrier	<b>150112</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PATTERSONVILLE TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tammy Krisher</span></p>				<p>Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel,l=Rotterdam Junc NY 12150, Date:5/18/2016</p>	
<p>Date: <span style="color: blue;">5/18/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Tammy Krisher</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-887-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150116</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>STATE TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Mark Evans</b></p>				<p>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</p>	
<p>Date:      <b>5/17/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Mark Evans</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer:      <b>518-731-6128</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150125</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRUMANSBURG TEL CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Sean Socha</span></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: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Sean Socha</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">585-433-6666</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150131</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ALTEVA WARWICK</b></p>					
<p>Signature of Authorized Officer:      <b>Matthew Conroy</b></p>				<p><small>Digitally signed by Matthew Conroy DN: cn=Matthew Conroy, email=mconroy@momentumtelecom.com, O=altea warwick, Inc., Date: 5/25/2016</small></p>	
<p>Date:      <b>5/25/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Matthew Conroy</b></p>					
<p>Title or position of Authorized Officer:      <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>205-978-4430</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150135</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ALTEVA WARWICK</b></p>					
<p>Signature of Authorized Officer:      <b>Matthew Conroy</b></p>				<p>Digitally signed by Matthew Conroy DN:cn=Matthew Conroy,email=mconroy@momentumtelecom.com,O=altea warwick, Inc., Date:5/25/2016</p>	
<p>Date:      <b>5/25/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Matthew Conroy</b></p>					
<p>Title or position of Authorized Officer:      <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>205-978-4430</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>160135</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS - KECKSBURG</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dennis Cutrell</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dennis Cutrell</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-424-4444</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170156</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Hickory Telephone Company</u>				
Signature of Authorized Officer <u>Terri Jeffers</u>				Date <u>5/18/16</u>
Printed name of Authorized Officer <u>Terri Jeffers</u>				
Title or position of Authorized Officer <u>Regulatory Director</u>				
Telephone number of Authorized Officer: <u>724 356 2211 ext.</u>				
Study Area Code of Reporting Carrier <u>170171</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2016</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LACKAWAXEN TELECOM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Deborah Szmyd</span></p>				<p><small>Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,l=Rowland PA 18457, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Deborah Szmyd</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">570-685-1096</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170177</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL CO-PA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mark Rankin</span></p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel co-pa,lc= , Date:5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Rankin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-283-0925</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170189</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTH-EASTERN PA TEL					
Signature of Authorized Officer: Steven Tourje				Digitally signed by Steven Tourje DN:cn=Steven Tourje,email=stourje@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer: Steven Tourje					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 570-785-2216					
Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTH PENN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tom Prestigiacomo</span></p>				<p><small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Prestigiacomo</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">607-522-4237</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170192</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL NORTH</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mark Rankin</span></p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel north,l= , Date:5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Rankin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-283-0925</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170195</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PALMERTON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Timothy Hausman</span></p>				<p><small>Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton tel co,l= , Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Timothy Hausman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">610-826-9433</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170196</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

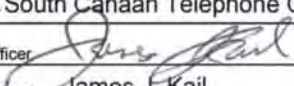
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PENNSYLVANIA TEL CO					
Signature of Authorized Officer: Mary Davis				Digitally signed by Mary Davis DN:cn=Mary Davis,email=patelco@ovalinternet.net,O=pennsylvania tel co,l= , Date:5/24/2016	
Date: 5/24/2016					
Printed name of Authorized Officer: Mary Davis					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 570-745-7101					
Study Area Code of Reporting Carrier	170197		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PYMATUNING IND TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Amanda Molina</span></p>				<p><small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=pymatuning ind tel,l= , Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Amanda Molina</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of External Relations</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">904-259-0029</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170200</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>South Canaan Telephone Company</b>			
Signature of Authorized Officer 			Date <b>05/27/2016</b>
Printed name of Authorized Officer <b>James J. Kail</b>			
Title or position of Authorized Officer <b>President &amp; CEO</b>			
Telephone number of Authorized Officer: <b>(724) 593-0107</b> , ext.			
Study Area Code of Reporting Carrier	<b>170205</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VENUS TEL CORP					
Signature of Authorized Officer: Janice Kline				<small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel corp,l=Venus PA 16364, Date:5/16/2016</small> Date: 5/16/2016	
Printed name of Authorized Officer: Janice Kline					
Title or position of Authorized Officer: General Manager and Asst. Sec/Treas.					
Telephone number of Authorized Officer: 814-354-6400					
Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL CO-PA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa,lc= , Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">V.P. Operations, General manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170277</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL OF MD</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Rankin</span></p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel of md,l= , Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Rankin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-283-0925</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">180216</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Buggs Island Telephone Cooperative</b>			
Signature of Authorized Officer <i>Michele Taylor</i>			Date <b>5-24-16</b>
Printed name of Authorized Officer <b>Michele Taylor</b>			
Title or position of Authorized Officer <b>General Manager</b>			
Telephone number of Authorized Officer: <b>(434) 636-2274 ext</b>			
Study Area Code of Reporting Carrier	<b>190219</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BURKE'S GARDEN TEL					
Signature of Authorized Officer: Missy Lynch				<small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgto.net,O=burke's garden tel,l= , Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer: Missy Lynch					
Title or position of Authorized Officer: Office Manager/Secretary					
Telephone number of Authorized Officer: 276-472-2345					
Study Area Code of Reporting Carrier	190220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Greg Sapp</span></p>				<p><small>Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel coop,l=Floyd VA 24091-0137, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Greg Sapp</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-745-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190225</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HIGHLAND TEL COOP					
Signature of Authorized Officer: 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: Ruth Newman					
Title or position of Authorized Officer: Co-General Manager/Secretary					
Telephone number of Authorized Officer: 540-468-2131					
Study Area Code of Reporting Carrier	190237		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					




TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MGW TEL. CO. INC.					
Signature of Authorized Officer: Sheri Smith				<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> Date: 5/23/2016	
Printed name of Authorized Officer: Sheri Smith					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 540-925-5235					
Study Area Code of Reporting Carrier	190238		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW HOPE TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Laurie Hensley</span></p>				<p><small>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,i=New Hope VA 24469, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Laurie Hensley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-363-6277</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190239</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Pembroke Telephone Cooperative</b>			
Signature of Authorized Officer 			Date <b>05/23/2016</b>
Printed name of Authorized Officer <b>Leon A. Law</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(540) 626-7111</b> ext.			
Study Area Code of Reporting Carrier	<b>190243</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/15/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SCOTT COUNTY COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Daniel Odom</span></p>				<p><small>Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date:5/18/2016</small></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Daniel Odom</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">276-452-7224</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190248</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LUMOS TEL. BOTETOURT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mary McDermott</span></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: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mary McDermott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Senior VP, Legal and Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-946-8677</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190249</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Thomas Reed</span></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: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Reed</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller of Financial Reporting</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-984-5295</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190250</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH - NR</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Thomas Reed</span></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: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Reed</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller of Financial Reporting</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-984-5295</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">197251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARMSTRONG OF WV					
Signature of Authorized Officer: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong of wv,lc=US, Date:5/27/2016</small> Date: 5/27/2016	
Printed name of Authorized Officer: Mark Rankin					
Title or position of Authorized Officer: Vice President Finance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SPRUCE KNOB SENECA					
Signature of Authorized Officer: Vickie Colaw				Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,l=Riverton WV 26814-0100, Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer: Vickie Colaw					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 304-567-2121					
Study Area Code of Reporting Carrier	200257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WAR TEL LLC					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,l= , Date:5/25/2016</small> Date: 5/25/2016	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	200258		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>HARDY TELECOM</b>					
Signature of Authorized Officer: <b>Scott Sherman</b>				<small>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,lc= , Date:5/16/2016</small> Date: <b>5/16/2016</b>	
Printed name of Authorized Officer: <b>Scott Sherman</b>					
Title or position of Authorized Officer: <b>General Manager &amp; CEO</b>					
Telephone number of Authorized Officer: <b>304-897-9911</b>					
Study Area Code of Reporting Carrier	<b>200259</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Rankin</span></p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.,l=, Date:5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Rankin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-283-0925</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">200267</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL-WV</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel-wv,l= , Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">V.P. Operations, General manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">200277</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ITS TELECOMM. SYS.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bruce Russell</span></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: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Russell</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">772-597-2106</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">210331</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>NORTHEAST FLORIDA</b>					
Signature of Authorized Officer: <b>Amanda Molina</b>				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=northeast florida,lc=, Date:5/20/2016</small> Date: <b>5/20/2016</b>	
Printed name of Authorized Officer: <b>Amanda Molina</b>					
Title or position of Authorized Officer: <b>Vice President of External Relations</b>					
Telephone number of Authorized Officer: <b>904-259-0029</b>					
Study Area Code of Reporting Carrier	<b>210335</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Valley Telephone Co., LLC</b>			
Signature of Authorized Officer 			Date <b>5/16/2016</b>
Printed name of Authorized Officer <b>Bruce Schoonover</b>			
Title or position of Authorized Officer <b>Vice-President Regulatory Compliance</b>			
Telephone number of Authorized Officer <b>(706) 645-8116</b> ext.			
Study Area Code of Reporting Carrier	<b>220324</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALMA TEL CO					
Signature of Authorized Officer: Kevin Brooks				<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> Date: 5/18/2016	
Printed name of Authorized Officer: Kevin Brooks					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 912-632-8603					
Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BRANTLEY TEL CO					
Signature of Authorized Officer: Donovan Strickland				Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer: Donovan Strickland					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 912-462-5111					
Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>BULLOCH COUNTY RURAL</b>					
Signature of Authorized Officer: <b>John Scott</b>				<small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural,l= , Date:5/18/2016</small> Date: <b>5/18/2016</b>	
Printed name of Authorized Officer: <b>John Scott</b>					
Title or position of Authorized Officer: <b>General Manager/COO</b>					
Telephone number of Authorized Officer: <b>912-865-1100</b>					
Study Area Code of Reporting Carrier	<b>220348</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Chickamauga Telephone Corporation</b>			
Signature of Authorized Officer <i>Donna F. Alexander</i>			Date <b>05/20/2016</b>
Printed name of Authorized Officer <b>Donna F. Alexander</b>			
Title or position of Authorized Officer <b>Executive Vice President</b>			
Telephone number of Authorized Officer: <b>(601) 764-3463</b> ext.			
Study Area Code of Reporting Carrier	<b>220354</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier CITIZENS TELEPHONE COMPANY, 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 ext.				
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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Darien Telephone Company, Inc.</b>				
Signature of Authorized Officer <i>Mary Lou Forsyth</i>				Date <b>05-23-16</b>
Printed name of Authorized Officer <b>Mary Lou Forsyth</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(912) 437-6611</b> ext.				
Study Area Code of Reporting Carrier	<b>220358</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GLENWOOD TEL CO					
Signature of Authorized Officer: Janice O'Brien				Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,l=Glenwood GA 30428-0235, Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer: Janice O'Brien					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 912-523-5111					
Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Hart + Telephone Company	
Signature of Authorized Officer			Date		
Randy Daniel			5/17/16		
Printed name of Authorized Officer					
Randy Daniel					
Title or position of Authorized Officer					
President					
Telephone number of Authorized Officer: 706 376 474 ext.					
Study Area Code of Reporting Carrier		220368		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2016	

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



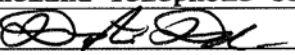
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>COMSOUTH TELECOMM</b></p>					
<p>Signature of Authorized Officer:      <b>Scott Obert-Thorn</b></p>				<p>Digitally signed by Scott Obert-Thorn DN:cn=Scott Obert-Thorn,email=scott@comsouth.net,O=comsouth telecomm,l=Hawkinsville GA 31306, Date:5/26/2016</p>	
<p>Date:      <b>5/26/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Scott Obert-Thorn</b></p>					
<p>Title or position of Authorized Officer:      <b>Controller</b></p>					
<p>Telephone number of Authorized Officer:      <b>478-783-4001</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220369</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PEMBROKE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mary Anna Hite</span></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: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mary Anna Hite</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary-Treasurer/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">912-653-4389</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220376</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier <b>Pineland Telephone Coop., Inc.</b>				
Signature of Authorized Officer 				Date <b>5-19-16</b>
Printed name of Authorized Officer <b>Dustin Durden</b>				
Title or position of Authorized Officer <b>Exec. Vice-Pres.</b>				
Telephone number of Authorized Officer: ( <b>912</b> ) <b>685-2121</b> ext.				
Study Area Code of Reporting Carrier	<b>220377</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PLANTERS RURAL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Lacienski</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Lacienski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">912-857-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220378</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PLANT TEL. CO.					
Signature of Authorized Officer: Gordon Duff				<small>Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@plantel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer: Gordon Duff					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 229-528-4777					
Study Area Code of Reporting Carrier	220379		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Progressive Rural Telephone Co-Op, Inc			
Signature of Authorized Officer: 			Date: 5-23-2016
Printed name of Authorized Officer: Ron Chambers			
Title or position of Authorized Officer: General Manager			
Telephone number of Authorized Officer: (478) 984-4201, ext. _____			
Study Area Code of Reporting Carrier	220380	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Public Service Telephone Company**

Signature of Authorized Officer

Date **05/19/2016**

Printed name of Authorized Officer **James L. Bond**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(478) 847-4111**, ext.

Study Area Code of Reporting Carrier

**220381**

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

**6/16/2016**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRENTON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Steven Tatum</span></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: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Steven Tatum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">706-657-4367</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220389</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WAVERLY HALL, LLC					
Signature of Authorized Officer: Deborah Rand				<small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall, llc,lc= , Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer: Deborah Rand					
Title or position of Authorized Officer: Vice President Administration & Support					
Telephone number of Authorized Officer: 603-472-9786					
Study Area Code of Reporting Carrier	220392		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WILKES TEL & ELC CO					
Signature of Authorized Officer: April Dyson				<small>Digitally signed by April Dyson DN:cn=April Dyson,email=aprilwtec@nu-z.net,O=wilkes tel &amp; elc co,l=Washington GA 30673, Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer: April Dyson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 706-678-9527					
Study Area Code of Reporting Carrier	220394		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BARNARDSVILLE TEL CO					
Signature of Authorized Officer: Eric Cramer				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=barnardsville tel co,lc= , Date:5/19/2016</small> Date: 5/19/2016	
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	230469		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

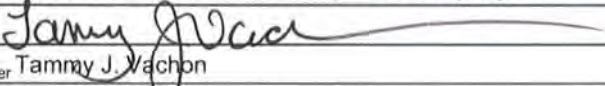
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELLERBE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dan Bennett</span></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: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dan Bennett</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">910-652-2221</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230478</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: North State Telephone Company dba North State Communications				
Signature of Authorized Officer: <i>Lynn B. Welborn</i>				Date: 05/26/2016
Printed name of Authorized Officer: Lynn B. Welborn				
Title or position of Authorized Officer: Vice President & Chief Administrative Officer				
Telephone number of Authorized Officer: (336) 886-3766 ext.				
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.				

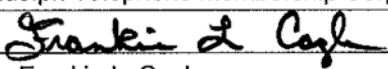
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Town of Pineville dba Pineville Telephone Company				
Signature of Authorized Officer 				Date 5/16/16
Printed name of Authorized Officer Tammy J. Wachon				
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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SURRY MEMBERSHIP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Curtis Taylor</span></p>				<p><small>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Curtis Taylor</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">336-374-4535</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230497</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SALUDA MOUNTAIN TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Eric Cramer</span></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=saluda mountain tel,lc= , Date:5/19/2016</small></p>	
<p>Date: <span style="color: blue;">5/19/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Eric Cramer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">336-973-6112</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230498</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SERVICE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Eric Cramer</span></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: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Eric Cramer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">336-973-6112</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230500</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SURRY MEMBERSHIP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Curtis Taylor</span></p>				<p><small>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Curtis Taylor</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">336-374-4535</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230503</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRI COUNTY TEL MEMBR</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Coltrain</span></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: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gregory Coltrain</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">252-964-8000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230505</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILKES MEMBERSHIP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Eric Cramer</span></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: <span style="color: blue;">5/19/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Eric Cramer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">336-973-6112</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230510</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PALMETTO RURAL COOP					
Signature of Authorized Officer: Dewaine Wilson				<small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop, Date:5/23/2016</small> Date: 5/23/2016	
Printed name of Authorized Officer: Dewaine Wilson					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 843 538-9382					
Study Area Code of Reporting Carrier	240536		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier PBT Telecom, Inc.				
Signature of Authorized Officer 				Date 5/25/2016
Printed name of Authorized Officer L.B. Spearman				
Title or position of Authorized Officer Vice President				
Telephone number of Authorized Officer: (803) 210-5528 ext.				
Study Area Code of Reporting Carrier	240539	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SANDHILL TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Lee Chambers</span></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: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Lee Chambers</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">843-658-6379</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">240546</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST CAROLINA RURAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jeff Wilson</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jeff Wilson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">864-446-9251</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">240550</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BLOUNTSVILLE TEL LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc,lc= , Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Sr Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">256-586-1420</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250282</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

4-5

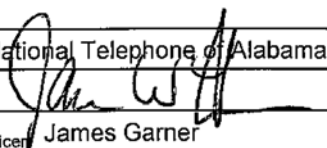
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <i>Castleberry Telephone Co., Inc.</i>			
Signature of Authorized Officer <i>Homer Holland</i>		Date <i>5-17-16</i>	
Printed name of Authorized Officer <i>Homer Holland</i>			
Title or position of Authorized Officer <i>Sec / Treas</i>			
Telephone number of Authorized Officer <i>(251) 966-2115</i> ext.			
Study Area Code of Reporting Carrier	<i>250285</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier National Telephone of Alabama, Inc.			
Signature of Authorized Officer 			Date 5/23/2016
Printed name of Authorized Officer James Garner			
Title or position of Authorized Officer Vice President of Operations			
Telephone number of Authorized Officer: (601) 354-9070, ext.			
Study Area Code of Reporting Carrier	250286	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer *Tyler Pair*

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Knology Total Communications, Inc.</b>			
Signature of Authorized Officer 			Date <b>5/16/2016</b>
Printed name of Authorized Officer <b>Bruce Schoonover</b>			
Title or position of Authorized Officer <b>Vice-President Regulatory Compliance</b>			
Telephone number of Authorized Officer <b>(706) 645-8116 ext.</b>			
Study Area Code of Reporting Carrier	<b>250295</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAYNEVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Evelyn Causey</span></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: <span style="color: blue;">5/25/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Evelyn Causey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">334-548-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250299</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HOPPER TELECOMM. LLC					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc, Date:5/25/2016</small> Date: 5/25/2016	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	250300		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MILLRY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bobby Williams</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bobby Williams</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President and Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">251-846-2911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250304</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MON-CRE TEL COOP					
Signature of Authorized Officer: Teresa Rich				<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> Date: 5/26/2016	
Printed name of Authorized Officer: Teresa Rich					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 334-562-3242					
Study Area Code of Reporting Carrier	250305		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOUNDVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">R. Taylor</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">R. Taylor</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">205-371-9011</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250307</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>New Hope Telephone Cooperative, Inc.</u>			
Signature of Authorized Officer <u><i>James D Cook</i></u>			Date <u>05/26/2016</u>
Printed name of Authorized Officer <u>James D Cook</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: <u>(256) 723-4211</u> , ext.			
Study Area Code of Reporting Carrier	<u>250308</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PINE BELT TEL CO					
Signature of Authorized Officer: John Nettles				<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> Date: 5/26/2016	
Printed name of Authorized Officer: John Nettles					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 334-385-2106					
Study Area Code of Reporting Carrier	250315		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		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 <sub>ext.</sub>	
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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Roanoke Telephone Company, Inc.</b>			
Signature of Authorized Officer 			Date <b>5/23/2016</b>
Printed name of Authorized Officer <b>James Garner</b>			
Title or position of Authorized Officer <b>Vice President of Operations</b>			
Telephone number of Authorized Officer: <b>(601) 354-9070</b> ext.			
Study Area Code of Reporting Carrier	<b>250317</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **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** ext.

Study Area Code of Reporting Carrier	<b>250322</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>BALLARD RURAL COOP</b>					
Signature of Authorized Officer: <b>Randy Grogan</b>				<small>Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,I=La Center KY 42056, Date:5/24/2016</small> Date: <b>5/24/2016</b>	
Printed name of Authorized Officer: <b>Randy Grogan</b>					
Title or position of Authorized Officer: <b>CEO/General Manager</b>					
Telephone number of Authorized Officer: <b>270-665-5186</b>					
Study Area Code of Reporting Carrier	<b>260396</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>Brandenburg Telephone Company, Inc.</b>				
Signature of Authorized Officer 			Date <b>05/09/2016</b>	
Printed name of Authorized Officer <b>Allison Willoughby</b>				
Title or position of Authorized Officer <b>General Manager</b>				
Telephone number of Authorized Officer: <b>(270) 422-2121</b> ext.				
Study Area Code of Reporting Carrier	<b>260398</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUO COUNTY TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Daryl Hammond</span></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: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Daryl Hammond</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">270-343-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260401</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FOOTHILLS RURAL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ruth Conley</span></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: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ruth Conley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">606-297-9131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260406</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOGAN TEL. COOP. INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Hale</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gregory Hale</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Executive V.P.</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">270-542-4121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260413</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Mountain Rural Telephone Coop. Corp., Inc.				
Signature of Authorized Officer <i>Jimmie Jones</i>				Date 05/18/2016
Printed name of Authorized Officer Jimmie Jones				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (606) 743-3121 ext.				
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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>PEOPLES RURAL TELEPHONE</b>				
Signature of Authorized Officer <i>Keith Gabbard</i>				Date <b>05/27/16</b>
Printed name of Authorized Officer <b>KEITH GABBARD</b>				
Title or position of Authorized Officer <b>CEO</b>				
Telephone number of Authorized Officer: <b>(606) 287-7101</b> ext. _____				
Study Area Code of Reporting Carrier	<b>260415</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

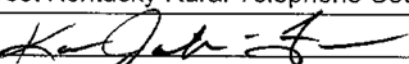
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THACKER/GRIGSBY TEL					
Signature of Authorized Officer: William Grigsby				Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,l=Hindman KY 41822, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer: William Grigsby					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 606-785-9500					
Study Area Code of Reporting Carrier	260419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				West Kentucky Rural Telephone Cooperative	
Signature of Authorized Officer					
Date			05.26.2016		
Printed name of Authorized Officer Karen Jackson-Furman					
Title or position of Authorized Officer CFO					
Telephone number of Authorized Officer: (270) 856-9988, ext.					
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAMERON TEL CO - LA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Bruce Petry</span></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: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Petry</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">337-583-2092</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270425</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CAMPTI-PLEASANT HILL					
Signature of Authorized Officer: Tom Edens				Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campti-pleasant hill,j=Natchitoches LA 71458, Date:5/26/2016	
Date: 5/26/2016					
Printed name of Authorized Officer: Tom Edens					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 318-352-0014					
Study Area Code of Reporting Carrier	270426		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DELCAMBRE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Matt Le Blanc</span></p>				<p><small>Digitally signed by Matt Le Blanc DN:cn=Matt Le Blanc,email=deltel@delcambre.net,O=delcambre tel co,lc=, Date:5/18/2016</small></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Matt Le Blanc</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">337-685-2342</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270428</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

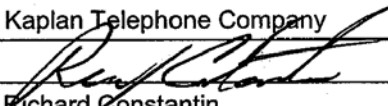
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ELIZABETH TEL CO					
Signature of Authorized Officer: Bruce Petry				Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel co,l=Sulphur LA 70664-0167, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer: Bruce Petry					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 337-583-2092					
Study Area Code of Reporting Carrier	270430		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>LAFOURCHE TELERHONE COMPANY, LLC</b>				
Signature of Authorized Officer 				Date <b>05/31/2016</b>
Printed name of Authorized Officer <b>PETER LOUVIERE</b>				
Title or position of Authorized Officer <b>CHIEF FINANCIAL OFFICER</b>				
Telephone number of Authorized Officer: <b>(985) 693-0265</b> ext.				
Study Area Code of Reporting Carrier	<b>270433</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>NORTHEAST LOUISIANA</b>					
Signature of Authorized Officer: <b>Mike George</b>				<small>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,l=Collinston LA 71229, Date:5/17/2016</small> Date: <b>5/17/2016</b>	
Printed name of Authorized Officer: <b>Mike George</b>					
Title or position of Authorized Officer: <b>President / General Manager</b>					
Telephone number of Authorized Officer: <b>318-874-7011</b>					
Study Area Code of Reporting Carrier	<b>270435</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Reserve Telephone Company			
Signature of Authorized Officer <i>Annette Faircloth</i>			Date 5/25/2016
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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

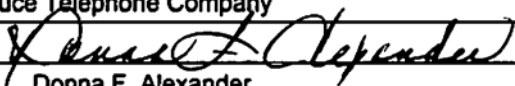
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STAR TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rebecca Knighten</span></p>				<p><small>Digitally signed by Rebecca Knighten DN: cn=Rebecca Knighten, email=rebeccaknighten@star.brcoxmail.com, O=star tel co,   = , Date: 5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Rebecca Knighten</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">225-926-0191</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270441</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Bay Springs Telephone Company, Inc.			
Signature of Authorized Officer: 			Date: 5/23/2016
Printed name of Authorized Officer: James Garner			
Title or position of Authorized Officer: Vice President of Operations			
Telephone number of Authorized Officer: (601) 354-9070 ext.			
Study Area Code of Reporting Carrier	280446	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Bruce Telephone Company</b>				
Signature of Authorized Officer 			Date <b>05/20/2016</b>	
Printed name of Authorized Officer <b>Donna F. Alexander</b>				
Title or position of Authorized Officer <b>Executive Vice President</b>				
Telephone number of Authorized Officer: <b>(601) 764-3463</b> ext.				
Study Area Code of Reporting Carrier <b>280447</b>		Filing Due Date for this form (mm/dd/yyyy)		<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>DECATUR TEL CO -MS</b>					
Signature of Authorized Officer: <b>Esther Smith</b>				<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> Date: <b>5/16/2016</b>	
Printed name of Authorized Officer: <b>Esther Smith</b>					
Title or position of Authorized Officer: <b>President</b>					
Telephone number of Authorized Officer: <b>601-635-2251</b>					
Study Area Code of Reporting Carrier	<b>280451</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

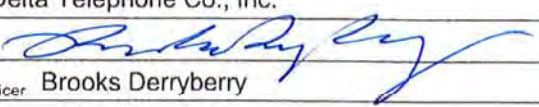
## Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

Name of Reporting Carrier	DECATUR TELEPHONE CO		
Signature of Authorized Officer	Dr. Esther B Smith	Date	9-7-2016
Printed name of Authorized Officer	DR. ESTHER B SMITH		
Title or position of Authorized Officer	PRESIDENT		
Telephone number of Authorized Officer:	(601) 635-2251 ext.		
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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier 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 ext.				
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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier 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 ext.				
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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier <b>Fulton Telephone Company</b>				
Signature of Authorized Officer <i>Donna F. Alexander</i>			Date <b>05/20/2016</b>	
Printed name of Authorized Officer <b>Donna F. Alexander</b>				
Title or position of Authorized Officer <b>Executive Vice President</b>				
Telephone number of Authorized Officer: <b>(601) 764-3463</b> ext.				
Study Area Code of Reporting Carrier	<b>280455</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

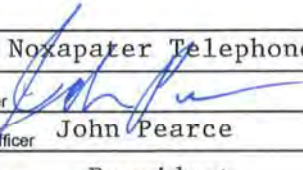
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>GEORGETOWN TEL CO</b>					
Signature of Authorized Officer: <b>Joie Miller</b>				<small>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</small> Date: <b>5/23/2016</b>	
Printed name of Authorized Officer: <b>Joie Miller</b>					
Title or position of Authorized Officer: <b>Vice President</b>					
Telephone number of Authorized Officer: <b>601-858-2211</b>					
Study Area Code of Reporting Carrier	<b>280456</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

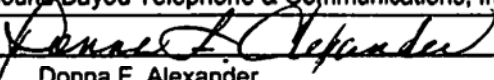
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAKESIDE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Sledge Jr.</span></p>				<p><small>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Sledge Jr.</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">662-569-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">280457</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Noxapater Telephone Company			
Signature of Authorized Officer 			Date 5/24/2016
Printed name of Authorized Officer John Pearce			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (601) 764-3171, ext.			
Study Area Code of Reporting Carrier	280461	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Mound Bayou Telephone &amp; Communications, Inc.</b>			
Signature of Authorized Officer 			Date <b>05/20/2016</b>
Printed name of Authorized Officer <b>Donna F. Alexander</b>			
Title or position of Authorized Officer <b>Executive Vice President</b>			
Telephone number of Authorized Officer: <b>(601) 764-3463</b> ext.			
Study Area Code of Reporting Carrier	<b>280462</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SLEDGE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Sledge Jr.</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Sledge Jr.</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">662-569-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">280466</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

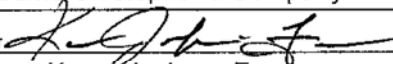
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SMITHVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Roger Thompson</span></p>				<p><small>Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=robert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Roger Thompson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">662-651-4131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">280467</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **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** ext.

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Ben Lomand Rural Telephone Cooperative, Inc.

Signature of Authorized Officer *Lisa Cope*

Date 5/17/2016

Printed name of Authorized Officer Lisa Cope

Title or position of Authorized Officer Interim CEO

Telephone number of Authorized Officer: (931) 668-4131 ext.

Study Area Code of Reporting Carrier 290553

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

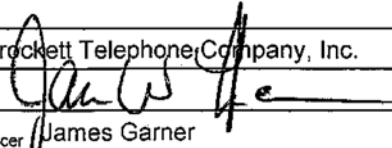
6/16/2016

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

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Bledsoe Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer <i>John Lee Downey</i>			Date <b>05/25/16</b>
Printed name of Authorized Officer <b>John Lee Downey</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(423) 447-2121</b> ext.			
Study Area Code of Reporting Carrier	<b>290554</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

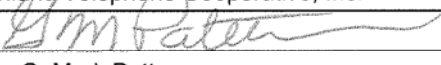
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Crockett Telephone Company, Inc.</b>				
Signature of Authorized Officer 				Date <b>5/23/2016</b>
Printed name of Authorized Officer <b>James Garner</b>				
Title or position of Authorized Officer <b>Vice President of Operations</b>				
Telephone number of Authorized Officer: <b>(601) 354-9070</b> , ext.				
Study Area Code of Reporting Carrier	<b>290561</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DEKALB TEL COOP					
Signature of Authorized Officer: Joe Mitchell				<small>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</small> Date: 5/23/2016	
Printed name of Authorized Officer: Joe Mitchell					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 615-464-2254					
Study Area Code of Reporting Carrier	290562		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier <b>Highland Telephone Cooperative, Inc.</b>				
Signature of Authorized Officer 				Date <b>5/23/2016</b>
Printed name of Authorized Officer <b>G. Mark Patterson</b>				
Title or position of Authorized Officer <b>Chief Operating Office / General Manager</b>				
Telephone number of Authorized Officer: <b>(423) 628-2121</b> , ext. _____				
Study Area Code of Reporting Carrier	<b>290565</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER.

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <b>Highland Telephone Cooperative, Inc.</b></p>			
<p>Signature of Authorized Officer </p>			<p>Date <b>7/5/2016</b></p>
<p>Printed name of Authorized Officer</p>			
<p>Title or position of Authorized Officer <b>General Manager / Chief Operations Officer</b></p>			
<p>Telephone number of Authorized Officer: <b>(423) 628-2121</b> ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>290565</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>July 2016</b></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 THE REPORTING CARRIER,

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

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

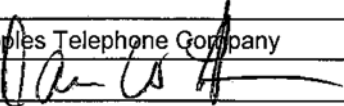
Name of Reporting Carrier <i>Loretto Telephone Company, Inc.</i>			
Signature of Authorized Officer <i>Desda K. Hutchins</i>		Date <i>05/23/16</i>	
Printed name of Authorized Officer <i>Desda K. Hutchins</i>			
Title or position of Authorized Officer <i>Chief Financial Officer</i>			
Telephone number of Authorized Officer: <i>(931) 853-4351 ext.</i>			
Study Area Code of Reporting Carrier	<i>290570</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2016</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTH CENTRAL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Johnny McClanahan</span></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: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Johnny McClanahan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP Finance and Adm. Services</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">615-666-2151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290573</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Peoples Telephone Company</b>			
Signature of Authorized Officer 			Date <b>5/23/2016</b>
Printed name of Authorized Officer <b>James Garner</b>			
Title or position of Authorized Officer <b>Vice President of Operations</b>			
Telephone number of Authorized Officer: <b>(601) 354-9070</b> , ext. <b>      </b>			
Study Area Code of Reporting Carrier	<b>290576</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

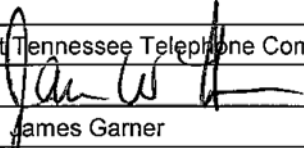
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TWIN LAKES TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jonathan West</span></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: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jonathan West</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">931-268-2151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290579</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: UTC-TN-UNITED COMM</p>					
<p>Signature of Authorized Officer: 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: William Bradford</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 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>					

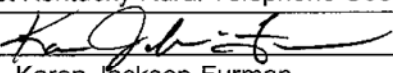
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier West Tennessee Telephone Company, Inc.			
Signature of Authorized Officer 			Date 5/23/2016
Printed name of Authorized Officer James Garner			
Title or position of Authorized Officer Vice President of Operations			
Telephone number of Authorized Officer: (601) 354-9070 ext.			
Study Area Code of Reporting Carrier	290583	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				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 ext.		
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE ARTHUR MUTUAL					
Signature of Authorized Officer: Eric Roughton				<small>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual,lc= , Date:5/20/2016</small> Date: 5/20/2016	
Printed name of Authorized Officer: Eric Roughton					
Title or position of Authorized Officer: General Manager/Sec'y/Treasurer					
Telephone number of Authorized Officer: 419-393-2233					
Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>AYERSVILLE TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Phil Maag</b></p>				<p><small>Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel co,l= , Date:5/18/2016</small></p> <p>Date:      <b>5/18/2016</b></p>	
<p>Printed name of Authorized Officer:      <b>Phil Maag</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>419-395-2222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300588</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BASCOM MUTUAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kathy Reinhart</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kathy Reinhart</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-937-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300589</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BENTON RIDGE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Martin Ellerbrock</span></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: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Martin Ellerbrock</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager &amp; Corporate Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-859-2245</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300590</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: 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 ext.			
Study Area Code of Reporting Carrier	300591	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE CHAMPAIGN TEL CO					
Signature of Authorized Officer: Tiffany Ebersold				<small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co,lc=, Date:5/19/2016</small> Date: 5/19/2016	
Printed name of Authorized Officer: Tiffany Ebersold					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 937-653-2263					
Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MCCLURE TEL CO					
Signature of Authorized Officer: Lance Miller				<small>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</small> Date: 5/20/2016	
Printed name of Authorized Officer: Lance Miller					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 419-748-8032					
Study Area Code of Reporting Carrier	300598		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CONNEAUT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Deanna Brown</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Deanna Brown</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">440-593-7138</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300606</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Doylestown Telephone Co.</u>			
Signature of Authorized Officer <u>Thomas J. Brockman</u>		Date <u>5/17/16</u>	
Printed name of Authorized Officer <u>Thomas J. Brockman</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(334) 658-2121 ext.</u>			
Study Area Code of Reporting Carrier <u>300609</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS MUTUAL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Cheryl Bostelman</span></p>				<p><small>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=farmers mutual tel,l= , Date:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Cheryl Bostelman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-758-3303</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300612</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FORT JENNINGS TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Michael Metzger</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Michael Metzger</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-286-2181</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300614</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GLANDORF TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>David Hunt</b></p>				<p>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</p>	
<p>Date: <b>5/16/2016</b></p>					
<p>Printed name of Authorized Officer: <b>David Hunt</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>419-538-6987</b></p>					
Study Area Code of Reporting Carrier	<b>300619</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALIDA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Chris Phillips</span></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: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Chris Phillips</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-532-3218</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300625</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDDLE POINT HOME</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></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: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300633</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>MINFORD TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Paula McGraw</b></p>				<p>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:5/18/2016</p>	
<p>Date:      <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Paula McGraw</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>740-820-2151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300634</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>THE NEW KNOXVILLE</b></p>					
<p>Signature of Authorized Officer:      <b>Preston Meyer</b></p>				<p><small>Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=preston@nktelco.net,O=the new knoxville,lc=New Knoxville OH 45871-0219, Date:5/18/2016</small></p>	
<p>Date:      <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Preston Meyer</b></p>					
<p>Title or position of Authorized Officer:      <b>Sales Manager/Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>419-753-2457</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300639</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE NOVA TEL CO					
Signature of Authorized Officer: Charles Mattingly				<small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kcenterprise.net,O=the nova tel co,l=Judson TX 75660, Date:5/16/2016</small> Date: 5/16/2016	
Printed name of Authorized Officer: Charles Mattingly					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 903-663-0099					
Study Area Code of Reporting Carrier	300644		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OTTOVILLE MUTUAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">William Honigford</span></p>				<p><small>Digitally signed by William Honigford DN:cn=William Honigford,email=bilh@ottovillemutual.com,O=ottoville mutual,l=Ottoville OH 45876-0427, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">William Honigford</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-453-3324</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300650</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PATTERSONVILLE TEL					
Signature of Authorized Officer: Aaron Jones				<small>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,l=Carrollton OH 44615, Date:5/17/2016</small> Date: 5/17/2016	
Printed name of Authorized Officer: Aaron Jones					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 330-895-4391					
Study Area Code of Reporting Carrier	300651		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Ridgeville Telephone Company				
Signature of Authorized Officer <i>Matthew Eggers</i>				Date 5/16/2016
Printed name of Authorized Officer Matthew Eggers				
Title or position of Authorized Officer President, Board of Directors				
Telephone number of Authorized Officer: (419) 267-5185 ext.				
Study Area Code of Reporting Carrier	300654	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SHERWOOD MUTUAL TEL					
Signature of Authorized Officer: Richard Rostorfer				Digitally signed by Richard Rostorfer DN:cn=Richard Rostorfer,email=rickrostorfer@smta.cc,O=sherwood mutual tel,l=Sherwood OH 43556, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer: Richard Rostorfer					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 419-899-2121					
Study Area Code of Reporting Carrier	300656		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SYCAMORE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Richard Ekleberry II</span></p>				<p><small>Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycltelco.com,O=sycamore tel co,l= , Date:5/26/2016</small></p>	
<p>Date: <span style="color: blue;">5/26/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard Ekleberry II</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-927-6012</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300658</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TELEPHONE SERVICE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300659</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>VAUGHNSVILLE TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Martha Kaplan</b></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:      <b>5/24/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Martha Kaplan</b></p>					
<p>Title or position of Authorized Officer:      <b>Manager/Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>419-646-3431</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300663</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WABASH MUTUAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mike Boley</span></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: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mike Boley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-942-1111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300664</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLBAND COMM COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ron Siegel</span></p>				<p><small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop, Date: 5/25/2016</small></p>	
<p>Date: <span style="color: blue;">5/25/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Ron Siegel</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">989-369-9999</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310542</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BARAGA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Paul Stark</span></p>				<p><small>Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga tel co,l=Baraga MI 49908, Date:5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Paul Stark</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">906-353-6644</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310675</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BARRY COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Stoll</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Stoll</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">GM/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">269-623-9971</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310676</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>Blanchard Telephone Company</u>			
Signature of Authorized Officer <u>Betsy A. Ashbaugh</u>			Date <u>5-16-16</u>
Printed name of Authorized Officer <u>Betsy A. Ashbaugh</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: <u>909.561.9930</u>			
Study Area Code of Reporting Carrier	<u>310678</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2016</u>

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BLOOMINGDALE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Steve Shults</span></p>				<p><small>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel co, Inc., Date:5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Steve Shults</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">269-521-7313</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310679</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>CARR TELEPHONE COMPANY</b>			
Signature of Authorized Officer <i>Teresa Bogner</i>			Date <b>05-18-2016</b>
Printed name of Authorized Officer <b>SECRETARY</b>			
Title or position of Authorized Officer <b>TERESA BOGNER</b>			
Telephone number of Authorized Officer: <b>(231-898-2244)</b>			
Study Area Code of Reporting Carrier	<b>310683</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLIMAX TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kevin Doyle</span></p>				<p><small>Digitally signed by Kevin Doyle DN: cn=Kevin Doyle, email=kdoyle@ctstelecom.com, O=climax tel co, l= , Date: 5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Doyle</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">269-746-3244</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310688</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DEERFIELD FARMERS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David LaRocca</span></p>				<p><small>Digitally signed by David LaRocca DN:cn=David LaRocca,email=dave@cass.net,O=deerfield farmers, = Date:5/20/2016</small></p>	
<p>Date: <span style="color: blue;">5/20/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">David LaRocca</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">734-279-5510</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310691</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Chapin Telephone Company

Signature of Authorized Officer

Laurie S. Ringle

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 ext.

Study Area Code of Reporting Carrier

310694

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

6/16/2016

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		KALEVA TELEPHONE COMPANY	
Signature of Authorized Officer		Date 05/26/2016	
Printed name of Authorized Officer		JACK C. SCHAEFER	
Title or position of Authorized Officer		CONTROLLER	
Telephone number of Authorized Officer:		(231) 362-3111 ext.	
Study Area Code of Reporting Carrier	310703	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ACE TEL OF MICHIGAN					
Signature of Authorized Officer: Todd Roesler				<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> Date: 5/19/2016	
Printed name of Authorized Officer: Todd Roesler					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 507-896-6292					
Study Area Code of Reporting Carrier	310704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <i>LENNON TELEPHONE CO.</i>			
Signature of Authorized Officer <i>Jacqueline Bowden</i>			Date <i>5/17/16</i>
Printed name of Authorized Officer <i>Jacqueline Bowden</i>			
Title or position of Authorized Officer <i>PRESIDENT</i>			
Telephone number of Authorized Officer: <i>(310) 621-3301</i> ext.			
Study Area Code of Reporting Carrier	<i>310708</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2016</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDWAY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Camie Nebel-Conklin</span></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: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Camie Nebel-Conklin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President/Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">906-387-9911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310711</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

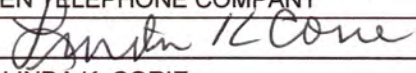
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>HIAWATHA TEL CO</b>					
Signature of Authorized Officer: <b>Camie Nebel-Conklin</b>				<small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co,l= , Date:5/25/2016</small> Date: <b>5/25/2016</b>	
Printed name of Authorized Officer: <b>Camie Nebel-Conklin</b>					
Title or position of Authorized Officer: <b>Vice President/Chief Financial Officer</b>					
Telephone number of Authorized Officer: <b>906-387-9911</b>					
Study Area Code of Reporting Carrier	<b>310713</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				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 ext.						
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ONTONAGON COUNTY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Camie Nebel-Conklin</span></p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel, Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Camie Nebel-Conklin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President/Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">906-387-9911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310717</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PIGEON TEL CO					
Signature of Authorized Officer: Neal Eichler				<small>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</small> Date: 5/25/2016	
Printed name of Authorized Officer: Neal Eichler					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 989-453-4391					
Study Area Code of Reporting Carrier	310721		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SAND CREEK TEL CO					
Signature of Authorized Officer: Harvey Souders				<small>Digitally signed by Harvey Souders DN:cn=Harvey Souders,email=souders@sandcreektelco.com,O=sand creek tel co,l=Sand Creek MI 49279-0066, Date:5/26/2016</small> Date: 5/26/2016	
Printed name of Authorized Officer: Harvey Souders					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 517-436-3130					
Study Area Code of Reporting Carrier	310725		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGPORT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mark Cutler</span></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: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Cutler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">517-857-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310728</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: UPPER PENINSULA TEL					
Signature of Authorized Officer: David Hoover				Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=upper peninsula tel, Date:5/26/2016	
Date: 5/26/2016					
Printed name of Authorized Officer: David Hoover					
Title or position of Authorized Officer: President and General Manager					
Telephone number of Authorized Officer: 906-639-2111					
Study Area Code of Reporting Carrier	310732		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

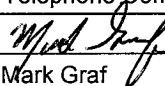
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WALDRON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Lucinda Bernath</span></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: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Lucinda Bernath</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">517-286-6211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310734</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WESTPHALIA TEL CO					
Signature of Authorized Officer: Paul Bowman				<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> Date: 5/25/2016	
Printed name of Authorized Officer: Paul Bowman					
Title or position of Authorized Officer: CEO/ General Manager					
Telephone number of Authorized Officer: 989-587-5021					
Study Area Code of Reporting Carrier	310735		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Winn Telephone Company</b>				
Signature of Authorized Officer 				Date <b>05/25/16</b>
Printed name of Authorized Officer <b>Mark Graf</b>				
Title or position of Authorized Officer <b>Manager</b>				
Telephone number of Authorized Officer: <b>(989) 953-9876</b> ext.				
Study Area Code of Reporting Carrier	<b>310737</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ACE-MI OLD MISSION</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Todd Roesler</span></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: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Todd Roesler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-896-6292</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310777</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCBC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Hoover</span></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: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Hoover</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President and General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">877-216-0502</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310785</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BLOOMINGDALE HOME</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ronja Branson</span></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: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ronja Branson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">765-498-2000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320742</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CITIZENS TEL CORP					
Signature of Authorized Officer: Joan Paxson				<small>Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citznet.com,O=citizens tel corp,l=Warren IN 46792, Date:5/26/2016</small> Date: 5/26/2016	
Printed name of Authorized Officer: Joan Paxson					
Title or position of Authorized Officer: Secretary, Office Manager					
Telephone number of Authorized Officer: 260-375-2111					
Study Area Code of Reporting Carrier	320751		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Clay County Rural Telephone Cooperative, Inc DBA Endeavor Communications</b>			
Signature of Authorized Officer 			Date <b>5/16/16</b>
Printed name of Authorized Officer <b>Darin LaCoursiere</b>			
Title or position of Authorized Officer <b>President &amp; CEO</b>			
Telephone number of Authorized Officer: <b>(765) 795-4261 ext.</b>			
Study Area Code of Reporting Carrier	<b>320753</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CRAIGVILLE TEL CO					
Signature of Authorized Officer: Lee Von Gunten				<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> Date: 5/26/2016	
Printed name of Authorized Officer: Lee Von Gunten					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 260-565-3131					
Study Area Code of Reporting Carrier	320756		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DAVIESS-MARTIN/RTC					
Signature of Authorized Officer: David Frigen				Digitally signed by David Frigen DN:cn=David Frigen,email=dfrigen@rtccom.com,O=daviess-martin/rtc,I=Montgomery IN 47558, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer: David Frigen					
Title or position of Authorized Officer: General Manager and Executive VP					
Telephone number of Authorized Officer: 812-486-3211					
Study Area Code of Reporting Carrier	320759		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GEETINGSVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Steve Scott</span></p>				<p><small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,l=, Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Steve Scott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">765-258-3111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320771</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<p>Name of Reporting Carrier <b>Ligonier Telephone Company, Inc.</b></p>				
<p>Signature of Authorized Officer <i>Randall L. Tepatti</i></p>				<p>Date <b>05/27/2016</b></p>
<p>Printed name of Authorized Officer <b>Randall L. Tepatti</b></p>				
<p>Title or position of Authorized Officer <b>EVP/General Manager</b></p>				
<p>Telephone number of Authorized Officer: <b>(260) 894-7161</b> ext. _____</p>				
<p>Study Area Code of Reporting Carrier</p>	<p><b>320783</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MONON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Bruce Hanway</span></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: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Hanway</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">219-253-6601</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320790</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MULBERRY COOP TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Randy Maish</span></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: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Randy Maish</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">765-296-2885</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320792</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW LISBON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Greene</span></p>				<p><small>Digitally signed by John Greene DN:cn=John Greene,email=jgreene@nlc.net,O=new lisbon tel co,l=New Lisbon IN 47366, Date:5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Greene</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">765-332-2413</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320796</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NEW PARIS TEL INC					
Signature of Authorized Officer: Paul Penrose				<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> Date: 5/26/2016	
Printed name of Authorized Officer: Paul Penrose					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 574-831-7115					
Study Area Code of Reporting Carrier	320797		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier <b>Northwestern Indiana Telephone Company, Inc.</b>				
Signature of Authorized Officer 			Date <b>5/20/2016</b>	
Printed name of Authorized Officer <b>Thomas C Long</b>				
Title or position of Authorized Officer <b>President/COO</b>				
Telephone number of Authorized Officer: <b>(219) 996-2981</b> , ext.				
Study Area Code of Reporting Carrier	<b>320800</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PERRY-SPENCER RURAL					
Signature of Authorized Officer: James Dauby				<small>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</small> Date: 5/26/2016	
Printed name of Authorized Officer: James Dauby					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 812-357-2123					
Study Area Code of Reporting Carrier	320807		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PULASKI-WHITE RURAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Dickerson</span></p>				<p><small>Digitally signed by Mark Dickerson DN:cn=Mark Dickerson,email=mdickerson@pwrtc.net,O=pulaski-white rural,l=Buffalo IN 47925, Date:5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Dickerson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">574-278-7121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320813</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCHESTER TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Greta Lynch</span></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: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Greta Lynch</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP-Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">574-223-0238</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320815</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier 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 ext.			
Study Area Code of Reporting Carrier	320819	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>SUNMAN TELECOMM CORP</b>					
Signature of Authorized Officer: <b>Michael Alig</b>				<small>Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecomm corp,l=Sunman IN 47041, Date:5/26/2016</small> Date: <b>5/26/2016</b>	
Printed name of Authorized Officer: <b>Michael Alig</b>					
Title or position of Authorized Officer: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer: <b>812-623-2122</b>					
Study Area Code of Reporting Carrier	<b>320825</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SWAYZEE TEL CO					
Signature of Authorized Officer: 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: Timothy Miles					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 765-922-7916					
Study Area Code of Reporting Carrier	320826		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SWEETSER RURAL TEL					
Signature of Authorized Officer: Scott Winger				<small>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</small> Date: 5/26/2016	
Printed name of Authorized Officer: Scott Winger					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 765-384-4311					
Study Area Code of Reporting Carrier	320827		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier 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 ext.				
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: YEOMAN TEL CO, INC					
Signature of Authorized Officer: David Blacker				Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel co, inc,lc=, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer: David Blacker					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 574-965-2100					
Study Area Code of Reporting Carrier	320839		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

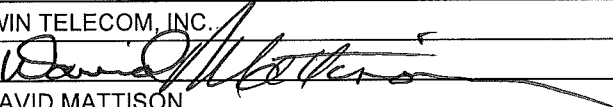
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AMERY TELCOM, INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Michael Jensen</span></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: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Michael Jensen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-268-7101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330842</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AMHERST TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Carl Bohman</span></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: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Carl Bohman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-824-5529</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330843</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>BALDWIN TELECOM, INC.</b>			
Signature of Authorized Officer 			Date <b>5/16/2016</b>
Printed name of Authorized Officer <b>DAVID MATTISON</b>			
Title or position of Authorized Officer <b>PRESIDENT</b>			
Telephone number of Authorized Officer: <b>(715) 684-3346</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>330846</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BELMONT TEL CO					
Signature of Authorized Officer: Deb Egli				<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> Date: 5/24/2016	
Printed name of Authorized Officer: Deb Egli					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 608-744-3500					
Study Area Code of Reporting Carrier	330847		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>BERGEN TEL CO</b>					
Signature of Authorized Officer: <b>Brad Ellefson</b>				<small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel co,l=Sharon WI 53585, Date:5/24/2016</small> Date: <b>5/24/2016</b>	
Printed name of Authorized Officer: <b>Brad Ellefson</b>					
Title or position of Authorized Officer: <b>President</b>					
Telephone number of Authorized Officer: <b>262-736-9981</b>					
Study Area Code of Reporting Carrier	<b>330848</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BLOOMER TEL CO					
Signature of Authorized Officer: 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: Jim Smart					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 715-568-4830					
Study Area Code of Reporting Carrier	330850		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BRUCE TEL CO, INC</b></p>					
<p>Signature of Authorized Officer: <b>John Manosky</b></p>				<p>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc, Date:5/25/2016</p>	
<p>Date: <b>5/25/2016</b></p>					
<p>Printed name of Authorized Officer: <b>John Manosky</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-868-5111</b></p>					
Study Area Code of Reporting Carrier	<b>330855</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHEQUAMEGON COM COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Ray Schindler</span></p>				<p><small>Digitally signed by Ray Schindler DN: cn=Ray Schindler, email=rschindler@norvado.com, O=chequamegon com coop, l= , Date: 5/18/2016</small></p>	
<p>Date: <span style="color: blue;">5/18/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Ray Schindler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-798-3303</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330860</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHIBARDUN TEL COOP					
Signature of Authorized Officer: N. Scott Behn				Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaictelecom.com,O=chibardun tel coop,l=Cameron WI 54822-0664, Date:5/19/2016	
Date: 5/19/2016					
Printed name of Authorized Officer: N. Scott Behn					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 715-458-5400					
Study Area Code of Reporting Carrier	330861		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CITIZENS TEL COOP-WI					
Signature of Authorized Officer: Dennis Bachman				Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel coop-wi,l=New Auburn WI 54757-0127, Date:5/23/2016 Date: 5/23/2016	
Printed name of Authorized Officer: Dennis Bachman					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLEAR LAKE TEL CO-WI</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tim Kusilek</span></p>				<p><small>Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake tel co-wi, Clear Lake WI 54005, Date:5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tim Kusilek</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-263-2755</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330865</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COCHRANE COOP TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Gina Tomlinson</span></p>				<p><small>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mwt.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gina Tomlinson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-248-2323</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330866</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COON VALLEY FARMERS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Carol Olson</span></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: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Carol Olson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant Secretary Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-452-3101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330868</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CUBA CITY EXCHANGE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Deb Egli</span></p>				<p><small>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</small></p>	
<p>Date: <span style="color: blue;">5/24/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Deb Egli</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-744-3500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330872</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS INDEPENDENT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mark Anderson</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/18/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Anderson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager and Compliance Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-463-5322</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330879</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HILLSBORO TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Carla Shaker</span></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: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Carla Shaker</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer/Office Mgr.</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-489-2100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330892</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LAKEFIELD TEL CO					
Signature of Authorized Officer: Robert Webb				<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> Date: 5/20/2016	
Printed name of Authorized Officer: Robert Webb					
Title or position of Authorized Officer: Vice President/COO					
Telephone number of Authorized Officer: 920-617-7351					
Study Area Code of Reporting Carrier	330896		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LA VALLE TEL COOP					
Signature of Authorized Officer: Gregory Rockweiler				Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=lrc@mwt.net,O=la valle tel coop,l=La Valle WI 53941, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer: Gregory Rockweiler					
Title or position of Authorized Officer: Assistant Secretary					
Telephone number of Authorized Officer: 608-985-7201					
Study Area Code of Reporting Carrier	330899		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LEMONWEIR VALLEY TEL					
Signature of Authorized Officer: Donna Rezin				<small>Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=donna.rezin@lynxxnet.com,O=lemonweir valley tel,l=Camp Douglas WI 54618, Date:5/19/2016</small> Date: 5/19/2016	
Printed name of Authorized Officer: Donna Rezin					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 608-427-6515					
Study Area Code of Reporting Carrier	330900		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LAKELAND-LUCK					
Signature of Authorized Officer: Crystal Morley				<small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland-luck,I=Mil town WI 54858, Date:5/19/2016</small> Date: 5/19/2016	
Printed name of Authorized Officer: Crystal Morley					
Title or position of Authorized Officer: Accounting Manager					
Telephone number of Authorized Officer: 715-825-5105					
Study Area Code of Reporting Carrier	330902		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MANAWA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Thomas Squires</span></p>				<p><small>Digitally signed by Thomas Squires DN:cn=Thomas Squires,email=tsquires@wolfnet.net,O=manawa tel co,l=Manawa WI 54949, Date:5/18/2016</small></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Squires</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">920-596-1707</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330905</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MARQUETTE-ADAMS COOP					
Signature of Authorized Officer: Jerry Schneider				<small>Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquett e-adams coop,l=Oxford WI 53952, Date:5/27/2016</small> Date: 5/27/2016	
Printed name of Authorized Officer: Jerry Schneider					
Title or position of Authorized Officer: CEO & General Manager					
Telephone number of Authorized Officer: 608-586-4111					
Study Area Code of Reporting Carrier	330908		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAKELAND-MILLTOWN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Crystal Morley</span></p>				<p><small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland-milltown,I=Milltown WI 54858, Date:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Crystal Morley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-825-5105</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330910</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NELSON COMM COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Christy Berger</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Christy Berger</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-672-4204</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330918</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NIAGARA TEL CO					
Signature of Authorized Officer: Robert Webb				<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> Date: 5/20/2016	
Printed name of Authorized Officer: Robert Webb					
Title or position of Authorized Officer: Vice President/COO					
Telephone number of Authorized Officer: 920-617-7351					
Study Area Code of Reporting Carrier	330920		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BAYLAND TEL, LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Webb</span></p>				<p><small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=bayland tel, llc,l=Green Bay WI 54307-9079, Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Webb</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President/COO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">920-617-7351</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330925</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PRICE COUNTY TEL CO					
Signature of Authorized Officer: Catherine Mess				<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> Date: 5/17/2016	
Printed name of Authorized Officer: Catherine Mess					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 715-339-2151					
Study Area Code of Reporting Carrier	330937		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHEAST TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Webb</span></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: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Webb</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President/COO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">920-617-7351</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330938</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RICHLAND-GRANT COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Bartz</span></p>				<p><small>Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mwt.net,O=richland-grant coop,l=Blue River WI 53518, Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Bartz</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-537-2461</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330942</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHARON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Brad Ellefson</span></p>				<p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel co,l=Sharon WI 53585, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brad Ellefson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">262-736-9981</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330946</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SIREN TEL CO, INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Sid Sherstad</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Sid Sherstad</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-349-2224</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330949</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOMERSET TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Michael Jensen</span></p>				<p><small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,l= , Date:5/18/2016</small></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Michael Jensen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-268-7101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330951</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRING VALLEY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Carol Anderson</span></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: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Carol Anderson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant Manager/Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-778-4433</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330953</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRI-COUNTY COMM COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Cheryl Rue</span></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: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Cheryl Rue</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-695-2691</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330960</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: UNION TEL CO					
Signature of Authorized Officer: Katherine Kehl				<small>Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel co,l=Plainfield WI 54966-0096, Date:5/18/2016</small> Date: 5/18/2016	
Printed name of Authorized Officer: Katherine Kehl					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 715-335-6301					
Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VERNON COMM. COOP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rodney Olson</span></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: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Rodney Olson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-634-7421</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330966</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>W. WISCONSIN TELCOM</b></p>					
<p>Signature of Authorized Officer: <b>Mark Stenseth</b></p>				<p>Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=w. wisconsin telecom,l=Downsville WI 54735, Date:5/18/2016</p>	
<p>Date: <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Stenseth</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-664-8311</b></p>					
Study Area Code of Reporting Carrier	<b>330971</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WITTENBERG TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Linda Garbelman</span></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: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Linda Garbelman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-253-2115</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330973</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WOOD COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Krings</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gregory Krings</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Director of Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-421-8129</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330974</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ADAMS TEL COOP					
Signature of Authorized Officer: James Broemmer Jr.				<small>Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroemmer@adams.net,O=adams tel coop,lc=Golden IL 62339, Date:5/16/2016</small> Date: 5/16/2016	
Printed name of Authorized Officer: James Broemmer Jr.					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 217-696-4411					
Study Area Code of Reporting Carrier	340976		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALHAMBRA-GRANTFORK</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kevin Osterbur</span></p>				<p><small>Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork,I=Alhambra IL 62001-0207, Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Osterbur</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">618-488-2165</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">340978</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CAMBRIDGE TEL CO -IL					
Signature of Authorized Officer: Scott Rubins				<small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=cambridge tel co -il, =Geneseo IL 61254-0330, Date:5/18/2016</small> Date: 5/18/2016	
Printed name of Authorized Officer: Scott Rubins					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 309-944-2103					
Study Area Code of Reporting Carrier	340983		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASS TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tom Allen</span></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: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Allen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President/Chief Operating Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">217-452-7800</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">340984</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>CLARKSVILLE MUTUAL TELEPHONE COMPANY</b>			
Signature of Authorized Officer <i>Patricia Rhoads</i>			Date <b>5-17-16</b>
Printed name of Authorized Officer <b>PATRICIA RHODS</b>			
Title of position of Authorized Officer <b>SEC-TREAS</b>			
Telephone number of Authorized Officer: <b>27,889.3822</b> ext.			
Study Area Code of Reporting Carrier <b>340990</b>		Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Crossville Telephone Company, Inc.

Signature of Authorized Officer *Thomas D. Rawlinson* Date 5/25/2016

Printed name of Authorized Officer Thomas D. Rawlinson

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (618) 966-2196, ext.

Study Area Code of Reporting Carrier	340993	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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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.

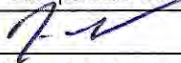
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Egyptian Telephone Cooperative Association

Signature of Authorized Officer



Date 05.26.2016

Printed name of Authorized Officer Kevin J. Jacobsen

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer: (618) 774-1000 ext.

Study Area Code of Reporting Carrier

341003

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

6/16/2016


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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Flat Rock Telephone Co-Operative**

Signature of Authorized Officer 

Date **05.26.2016**

Printed name of Authorized Officer **Kevin J. Jacobsen**

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

Telephone number of Authorized Officer: **(618) 774-1000**, ext.

Study Area Code of Reporting Carrier **341012**

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

**6/16/2016**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GENESEO TEL CO					
Signature of Authorized Officer: Scott Rubins				<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> Date: 5/18/2016	
Printed name of Authorized Officer: Scott Rubins					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 309-944-2103					
Study Area Code of Reporting Carrier	341016		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Glasford Telephone Company

Signature of Authorized Officer

Date 5/25/16

Printed name of Authorized Officer

Duane Goetze

Title or position of Authorized Officer

President

Telephone number of Authorized Officer: (309) 389-2111 ext.

Study Area Code of Reporting Carrier

341017

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

6/16/2016

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

## TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Grafton Telephone Company</b>			
Signature of Authorized Officer <i>Leigh Sickinger</i>			Date <b>05/24/2016</b>
Printed name of Authorized Officer <b>Leigh Sickinger</b>			
Title or position of Authorized Officer <b>Vice President</b>			
Telephone number of Authorized Officer: <b>(618) 786-3400</b> ext.			
Study Area Code of Reporting Carrier	<b>341020</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>Granview Mutual Tola.</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>(212) 946-4101</u>			
Study Area Code of Reporting Carrier	<u>341024</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2016</u>

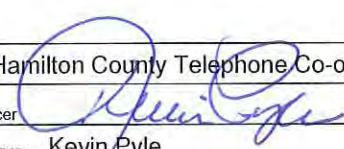
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>GRIDLEY TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Herb Flesher</b></p>				<p><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></p>	
<p>Date:      <b>5/17/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Herb Flesher</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>309-747-3780</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341023</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Hamilton County Telephone Co-op</u>			
Signature of Authorized Officer 			Date <u>5-17-16</u>
Printed name of Authorized Officer <u>Kevin Pyle</u>			
Title or position of Authorized Officer <u>GM/EVP</u>			
Telephone number of Authorized Officer: <u>(618) 736-2211</u> , ext. _____			
Study Area Code of Reporting Carrier	<u>341024</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.			

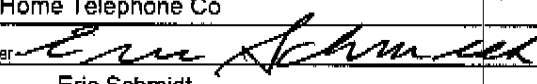
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SHAWNEE TEL. CO.					
Signature of Authorized Officer: James Grisham				<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> Date: 5/27/2016	
Printed name of Authorized Officer: James Grisham					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 618-276-4211					
Study Area Code of Reporting Carrier	341025		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>HENRY COUNTY TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Scott Rubins</b></p>				<p>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</p>	
<p>Date:      <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Scott Rubins</b></p>					
<p>Title or position of Authorized Officer:      <b>President</b></p>					
<p>Telephone number of Authorized Officer:      <b>309-944-2103</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341029</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Home Telephone Co			
Signature of Authorized Officer 			Date 5/20/16
Printed name of Authorized Officer Eric Schmidt			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (618) 644-2111 ext.			
Study Area Code of Reporting Carrier	341032	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KINSMAN MUTUAL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Michelle Baudino</span></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: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Michelle Baudino</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">815-392-4210</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341041</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LEAF RIVER TEL CO					
Signature of Authorized Officer: Aaron Palmer				<small>Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lrnet1.com,O=leaf river tel co,l=Leaf River IL 61047, Date:5/25/2016</small> Date: 5/25/2016	
Printed name of Authorized Officer: Aaron Palmer					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 815-738-2216					
Study Area Code of Reporting Carrier	341045		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



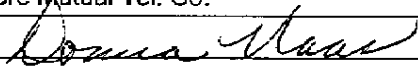
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCDONOUGH TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jay Griswold</span></p>				<p><small>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</small></p>	
<p>Date: <span style="color: blue;">5/25/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jay Griswold</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">309-776-3211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341047</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: 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 ext.			
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.

Post-it® Fax Note	7671	Date	5-25-16	# of pages	4
To	Keisha Blackmon	From	Sally Walin		
Co./Dept.	CAF/ICC DATA	Co.	McNabb Telco		
Phone #		Phone #	815.882.2201		
Fax #	800-774-2481	Fax #	815.882.2141		

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MADISON TEL CO					
Signature of Authorized Officer: Mary Schwartz				<small>Digitally signed by Mary Schwartz DN:cn=Mary Schwartz,email=infomtc@madisontelco.com,O=madison tel co,l=Staunton IL 62088, Date:5/20/2016</small> Date: 5/20/2016	
Printed name of Authorized Officer: Mary Schwartz					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 618-635-5000					
Study Area Code of Reporting Carrier	341049		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Marseilles Telephone Company**

Signature of Authorized Officer **Ann Dickerson**

Digitally signed by Ann Dickerson  
DN: cn=Ann Dickerson, o=MTCO, ou, email=adickerson@corp.mtco.com, c=US  
Date: 2016.05.16 15:17:36 -0500

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>Metamora Telephone Company</b>				
Signature of Authorized Officer <b>Ann Dickerson</b> <small><i>Digitally signed by Ann Dickerson DN: cn=Ann Dickerson, o=METCO, ou, email=adickerson@corp.metro.com, c=US Date: 2016.05.16 14:59:26 -0500</i></small>			Date <b>05/16/2016</b>	
Printed name of Authorized Officer <b>Ann E. Dickerson</b>				
Title or position of Authorized Officer <b>CFO</b>				
Telephone number of Authorized Officer: <b>(309) 367-4197</b> , ext. _____				
Study Area Code of Reporting Carrier	<b>341053</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDCENTURY TEL CO-OP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">James Broemmer, Jr.</span></p>				<p>Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jbroemmer@adams.net,O=midcentury tel co-op,IL=Fairview IL 61432, Date:5/16/2016</p>	
<p>Date: <span style="color: blue;">5/16/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">James Broemmer, Jr.</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">309-778-8611</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341054</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

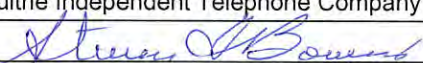
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				MONTROSE Mutual Tel. Co, INC	
Signature of Authorized Officer			George P. Tays		Date
Printed name of Authorized Officer			George P. Tays		
Title or position of Authorized Officer			Sec / Treas		
Telephone number of Authorized Officer: 217-925-5242 ext.					
Study Area Code of Reporting Carrier		34-1058	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **New Windsor Telephone Company**

Signature of Authorized Officer

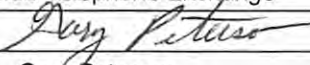
Date **5/25/2016**Printed name of Authorized Officer **Richard Ristau**Title or position of Authorized Officer **Secretary**Telephone number of Authorized Officer: **(309) 667-2712** ext.

Study Area Code of Reporting Carrier

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

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

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier <b>Oneida Telephone Exchange</b>				
Signature of Authorized Officer 				Date <b>May 25, 2016</b>
Printed name of Authorized Officer <b>Gary Peterson</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(309) 483-3111</b> , ext.				
Study Area Code of Reporting Carrier	<b>341066</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Reynolds Telephone Company	
Signature of Authorized Officer		<i>Grace Ochsner</i>	Date 05/16/2016
Printed name of Authorized Officer		Grace Ochsner	
Title or position of Authorized Officer		General Manager/Asst. Treasurer	
Telephone number of Authorized Officer: 309,3724490 ext.			
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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Tonica Telephone Company</b>				
Signature of Authorized Officer <i>Lloyd Vogel</i>			Date <b>5/25/2016</b>	
Printed name of Authorized Officer <b>Lloyd Vogel</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(815) 442-9901</b> ext. _____				
Study Area Code of Reporting Carrier	<b>341086</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VIOLA HOME TEL CO					
Signature of Authorized Officer: Robert Millikan				Digitally signed by Robert Millikan DN:cn=Robert Millikan,email=wins2@vhtmail.net,O=viola home tel co,l=Viola IL 61486, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer: Robert Millikan					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 309-596-2109					
Study Area Code of Reporting Carrier	341087		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Wabash Telephone Cooperative, Inc				
Signature of Authorized Officer 				Date 05/23/2016
Printed name of Authorized Officer Barry Adair				
Title or position of Authorized Officer EVP/ General Manager				
Telephone number of Authorized Officer: (618) 665-3311, 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier 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) 334 2150, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

34-1091

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

6/16/2016

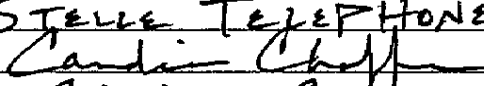
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	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 MGR		
Telephone number of Authorized Officer:	815 256-2345		
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: REASNOR TEL. CO.					
Signature of Authorized Officer: Gary Neill				<small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=reasnor tel. co.,l= , Date:5/17/2016</small> Date: 5/17/2016	
Printed name of Authorized Officer: Gary Neill					
Title or position of Authorized Officer: Consultant					
Telephone number of Authorized Officer: 402-477-1354					
Study Area Code of Reporting Carrier	350739		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ANDREW TEL CO INC</b></p>					
<p>Signature of Authorized Officer:      <b>JoAnne Gregorich</b></p>				<p>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</p>	
<p>Date:      <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>JoAnne Gregorich</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>563-773-2213</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351097</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>				
Name of Reporting Carrier <u>Arcadia Telephone Cooperative</u>		<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
Signature of Authorized Officer <u>Tony Vannahme</u>			Date <u>5-23-16</u>	
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>				
Printed name of Authorized Officer <u>Tony Vannahme</u>				
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>				
Title or position of Authorized Officer <u>Board President</u>				
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>				
Telephone number of Authorized Officer: <u>(712) 689-7238 ext.</u>				
Study Area Code of Reporting Carrier <u>3S1098</u>		<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		Filing Due Date for this form (mm/dd/yyyy) <u>6/16/2016</u>		
<p style="font-size: 0.8em;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ATKINS TEL CO, INC</b></p>					
<p>Signature of Authorized Officer:      <b>Gerald Spaight</b></p>				<p>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc,lc=Atkins IA 52206, Date:5/23/2016</p>	
<p>Date:      <b>5/23/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Gerald Spaight</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager / Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>319-446-7331</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351101</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>AYRSHIRE FARMERS MUT</b></p>					
<p>Signature of Authorized Officer:      <b>Donald Miller</b></p>				<p><small>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</small></p> <p>Date:      <b>5/25/2016</b></p>	
<p>Printed name of Authorized Officer:      <b>Donald Miller</b></p>					
<p>Title or position of Authorized Officer:      <b>Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>712-776-2222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351105</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALPINE COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Chris Hopp</span></p>				<p><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></p>	
<p>Date: <span style="color: blue;">5/18/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Chris Hopp</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-245-4480</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351106</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BALDWIN-NASHVILLE					
Signature of Authorized Officer: Brian Rickels				Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville,l=Bal dwin IA 52207-0050, Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer: Brian Rickels					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 563-673-6001					
Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BARNES CITY COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Doris Freeborn</span></p>				<p><small>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</small></p>	
<p>Date: <span style="color: blue;">5/24/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Doris Freeborn</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-644-5214</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351108</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BERNARD TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kyle Manders</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kyle Manders</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-879-3203</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351110</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BRED TEL CORP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jane Morlok</span></p>				<p><small>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=bred tel corp.,l=Bred IA 51436-0190, Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jane Morlok</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-673-8101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351112</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Brooklyn Mutual Telecommunications Cooperative	
Signature of Authorized Officer					
Printed name of Authorized Officer			Tim Siemens		
Title or position of Authorized Officer			President		
Telephone number of Authorized Officer			(641) 522-9211 <sub>ext</sub>		
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TITONKA-BURT (BURT)</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Vicky Nelson</span></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: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Vicky Nelson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">515-928-2110</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351114</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BUTLER-BREMER MUTUAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Richard McBurney</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard McBurney</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-276-4458</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351115</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASCADE COMM. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Gibson</span></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: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Gibson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Compliance Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-852-3710</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351118</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASEY MUTUAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Breining</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Breining</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-746-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351119</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CENTRAL SCOTT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kent Dau</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kent Dau</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-285-9611</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351125</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS MUTUAL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Joe Snyder</span></p>				<p><small>Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=citizens mutual tel,l=Bloomfield IA 52537, Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Joe Snyder</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-664-2074</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351129</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLARENCE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Harvey</span></p>				<p><small>Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=ctcmanager@netins.net,O=clarence tel co,l=Dysart IA 52224-0280, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Harvey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-476-7800</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351130</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLEAR LAKE INDEPEND					
Signature of Authorized Officer: Thomas Lovell				<small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@cltel.com,O=clear lake independ,i=Clear Lake IA 50428-0066, Date:5/20/2016</small> Date: 5/20/2016	
Printed name of Authorized Officer: Thomas Lovell					
Title or position of Authorized Officer: General Manager/Vice President					
Telephone number of Authorized Officer: 641-357-2111					
Study Area Code of Reporting Carrier	351132		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

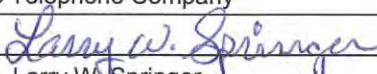
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: C-M-L TEL COOP ASSN					
Signature of Authorized Officer: Bruce Johnson				<small>Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cm1telco@netins.net,O=c-m-l tel coop assn,l=Meriden IA 51037-0018, Date:5/16/2016</small> Date: 5/16/2016	
Printed name of Authorized Officer: Bruce Johnson					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-443-8222					
Study Area Code of Reporting Carrier	351133		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Colo Telephone Company	
Signature of Authorized Officer					
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COON CREEK TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Debra Lucht</span></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: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Debra Lucht</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-454-6234</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351136</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COON VALLEY COOP TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jim Nelson</span></p>				<p>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</p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jim Nelson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-524-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351137</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COOPERATIVE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Scott Schabacker</span></p>				<p><small>Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=cooptel@netins.net,O=cooperative tel co,l=Victor IA 52347, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Scott Schabacker</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Operating Officer/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-647-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351139</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>CORN BELT TEL CO</b>					
Signature of Authorized Officer: <b>Lee Wuebker</b>				<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> Date: <b>5/24/2016</b>	
Printed name of Authorized Officer: <b>Lee Wuebker</b>					
Title or position of Authorized Officer: <b>General Manager</b>					
Telephone number of Authorized Officer: <b>712-664-2221</b>					
Study Area Code of Reporting Carrier	<b>351141</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <i>Cumberland Telephone</i>			
Signature of Authorized Officer <i>Ronald Benton</i>			Date <i>5-16-16</i>
Printed name of Authorized Officer <i>Ronald Benton</i>			
Title or position of Authorized Officer <i>President</i>			
Telephone number of Authorized Officer: <i>(712) 774-2221</i> ext. _____			
Study Area Code of Reporting Carrier	<i>351146</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.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DANVILLE MUTUAL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Timothy FencI</span></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: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Timothy FencI</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager &amp; CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-392-4251</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351147</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS (DEFIANCE)</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Thomas Conry</span></p>				<p><small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (defiance),l=Harlan IA 51537-0311, Date:5/18/2016</small></p>	
<p>Date: <span style="color: blue;">5/18/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Conry</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-744-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351149</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DIXON ACQ LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kent Dau</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kent Dau</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-285-9611</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351150</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUMONT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Roger Kregel</span></p>				<p><small>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel co,l=Dumont IA 50625-0349, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Roger Kregel</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-857-3211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351152</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Dunkerton Telephone Cooperative</b>			
Signature of Authorized Officer <i>Sue Bruns</i>			Date <b>5/17/16</b>
Printed name of Authorized Officer <b>Sue Bruns</b>			
Title or position of Authorized Officer <b>CEO</b>			
Telephone number of Authorized Officer: <b>(319) 822-4512</b> ext.			
Study Area Code of Reporting Carrier	<b>351153</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EAST BUCHANAN COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Butch Rorabaugh</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/24/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Butch Rorabaugh</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-935-3011</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351156</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Ellsworth Cooperative Telephone Association**

Signature of Authorized Officer

Date

Printed name of Authorized Officer **Dave Clark**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer. **(515) 836-4431** ext.

Study Area Code of Reporting Carrier **351157**

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

**6/16/2016**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINBURN TELECOMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Debra Lucht</span></p>				<p><small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecom.,l=Minburn IA 50167, Date:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Debra Lucht</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">515-677-2264</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351158</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Minburn Telecommunications, Inc.				
Signature of Authorized Officer <i>Debra Lucht</i>				Date 6/30/16
Printed name of Authorized Officer Debra Lucht				
Title or position of Authorized Officer General Manager/Assistant Secretary				
Telephone number of Authorized Officer: (515) 438-2200 ext.				
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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>F&amp;B Communications, Inc.</b>				
Signature of Authorized Officer <i>B. K. Kay</i>				Date <b>05/24/2016</b>
Printed name of Authorized Officer <b>Brenda Kay</b>				
Title or position of Authorized Officer <b>Secretary/Treasurer</b>				
Telephone number of Authorized Officer: <b>(563) 374-1236</b> ext.				
Study Area Code of Reporting Carrier	<b>351160</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS COOP TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Harvey</span></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: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Harvey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-476-7800</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351162</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS &amp; MERCHANTS</b></p>					
<p>Signature of Authorized Officer: <b>Susie Stalder</b></p>				<p>Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=sstalder@farmtel.com,O=farmers &amp; merchants,l=Wayland IA 52654-0247, Date:5/19/2016</p>	
<p>Date: <b>5/19/2016</b></p>					
<p>Printed name of Authorized Officer: <b>Susie Stalder</b></p>					
<p>Title or position of Authorized Officer: <b>Operations Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-256-2736</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351166</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS MUTUAL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Thomas Conry</span></p>				<p><small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,i=Harlan IA 51537-0311, Date:5/18/2016</small></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Conry</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-744-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351168</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS MUTUAL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tammy Wheeler</span></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: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tammy Wheeler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-642-3249</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351169</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS MUTUAL JESUP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tony Lang</span></p>				<p><small>Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup,l=Jesup IA 50648-0249, Date:5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tony Lang</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-827-1151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351171</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL COOP					
Signature of Authorized Officer: Curtis Eldred				<small>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@fmtcs.com,O=farmers mutual coop,l=Shellsburg IA 52332, Date:5/19/2016</small> Date: 5/19/2016	
Printed name of Authorized Officer: Curtis Eldred					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-436-2224					
Study Area Code of Reporting Carrier	351173		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS MUTUAL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kevin Cabbage</span></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: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Cabbage</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-829-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351174</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS TEL CO - BAT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Joe Snyder</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/23/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Joe Snyder</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-664-2074</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351175</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

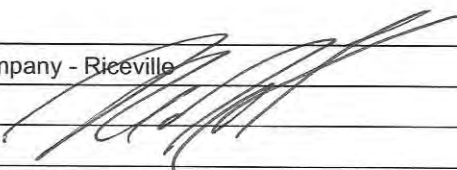
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS TEL CO-ESSEX</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tim Hill</span></p>				<p><small>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel co-essex,l=Essex IA 51638, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tim Hill</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-379-3001</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351176</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>Farmers Telephone Company - Riceville</b>			
Signature of Authorized Officer 			Date <b>5/23/2016</b>
Printed name of Authorized Officer <b>Joshua Hveem</b>			
Title or position of Authorized Officer <b>Chief Operating Officer</b>			
Telephone number of Authorized Officer: <b>(641) 210-8445</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>351177</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>

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

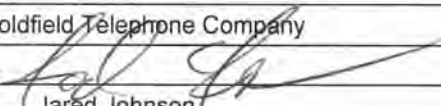
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <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) 889-2785 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. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PARTNER COMM. COOP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Arthur Cooper</span></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: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Arthur Cooper</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Board President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-498-7701</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351187</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Goldfield Telephone Company</b>			
Signature of Authorized Officer 			Date <b>05/23/2016</b>
Printed name of Authorized Officer <b>Jared Johnson</b>			
Title or position of Authorized Officer <b>General Manager</b>			
Telephone number of Authorized Officer: ( ) - - - - - ext. <b>(515) 825-3766</b>			
Study Area Code of Reporting Carrier	<b>351188</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRAND MOUND COOP TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Marcus Behnken</span></p>				<p><small>Digitally signed by Marcus Behnken DN:cn=Marcus Behnken,email=mbehnken@gmcta.coop,O=grand mound coop tel,lc=Grand Mound IA 52751, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Marcus Behnken</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-847-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351191</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRISWOLD CO-OP TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Amy McLaren</span></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: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Amy McLaren</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-778-2121</span></p>					
Study Area Code of Reporting Carrier	<span style="color: blue;">351195</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAWKEYE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Charles Gray</span></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: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Charles Gray</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-427-3331</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351199</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Hospers Tel Exch Inc**

Signature of Authorized Officer

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** ext.

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HUBBARD COOP ASSN</p>					
<p>Signature of Authorized Officer: David Lowe</p>				<p>Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn, =Hubbard IA 50122-0428, Date:5/23/2016</p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer: David Lowe</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 641-864-2216</p>					
Study Area Code of Reporting Carrier	351203		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HUXLEY COMM. COOP.</p>					
<p>Signature of Authorized Officer: Gary Clark</p>				<p>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</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer: Gary Clark</p>					
<p>Title or position of Authorized Officer: General Manager and Executive VP</p>					
<p>Telephone number of Authorized Officer: 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>					

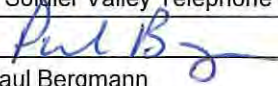
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">IAMO TEL CO - IA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jack Jones</span></p>				<p><small>Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - ia, Coin IA 51636, Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jack Jones</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-583-3232</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351206</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTERSTATE 35 TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mike Weis</span></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: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mike Weis</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-765-4201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351209</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <b>Jordan Soldier Valley Telephone Company</b></p>			
<p>Signature of Authorized Officer </p>			<p>Date <b>05/24/2016</b></p>
<p>Printed name of Authorized Officer <b>Paul Bergmann</b></p>			
<p>Title or position of Authorized Officer <b>CFO</b></p>			
<p>Telephone number of Authorized Officer: <b>(712) 271-5535</b> ext. _____</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>351213</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KALONA COOP TEL CO					
Signature of Authorized Officer: Casey Peck				Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey@kctc.net,O=kalona coop tel co,l=Kalona IA 52247-1208, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer: Casey Peck					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 319-656-3668					
Study Area Code of Reporting Carrier	351214		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>KEYSTONE FRMS COOP</b></p>					
<p>Signature of Authorized Officer:      <b>Byran Kimm</b></p>				<p><small>Digitally signed by Byran Kimm DN:cn=Byran Kimm,email=keystone@netins.net,O=keystone frms coop,i=Keystone IA 52249-0277, Date:5/23/2016</small></p>	
<p>Date:      <b>5/23/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Byran Kimm</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>319-442-3241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351217</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>LA PORTE CITY TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Chris Hopp</b></p>				<p>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</p>	
<p>Date:      <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Chris Hopp</b></p>					
<p>Title or position of Authorized Officer:      <b>Executive Secretary</b></p>					
<p>Telephone number of Authorized Officer:      <b>563-245-4480</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351220</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA MOTTE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">JoAnne Gregorich</span></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: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">JoAnne Gregorich</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-773-2213</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351222</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>LEHIGH VALLEY COOP</b></p>					
<p>Signature of Authorized Officer:      <b>Jim Suchan</b></p>				<p><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></p>	
<p>Date:      <b>5/17/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Jim Suchan</b></p>					
<p>Title or position of Authorized Officer:      <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>515-359-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351225</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

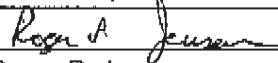
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Lone Rock Coop Tel. Co.

Signature of Authorized Officer

Date 5-24-2016Printed name of Authorized Officer Roger P. JensenTitle or position of Authorized Officer PresidentTelephone number of Authorized Officer: (515) 925-3659 ext.

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, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOST NATION-ELWOOD</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jan Muhl</span></p>				<p><small>Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood,l= , Date:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jan Muhl</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-678-2470</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351229</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHEAST IOWA TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Byers</span></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: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Byers</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-539-2122</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351230</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LYNNVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gary Neill</span></p>				<p><small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=lynnville tel. co.,l= , Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gary Neill</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Consultant</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-477-1354</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351232</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS (MANILLA)</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Thomas Conry</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Conry</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-744-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351235</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARNE &amp; ELK HORN TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Janell Hansen</span></p>				<p><small>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=marne &amp; elk horn tel,l=Elk Horn IA 51531, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Janell Hansen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-764-6161</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351237</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>MASSENA TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Kathleen Foster</b></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:      <b>5/16/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Kathleen Foster</b></p>					
<p>Title or position of Authorized Officer:      <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>712-779-2227</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351239</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Mechanicsville Telephone Company**Signature of Authorized Officer Date **5/26/2016**Printed name of Authorized Officer **Hans Arwine**Title or position of Authorized Officer **Compliance Officer**Telephone number of Authorized Officer: **(563) 432-7221**, 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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Miles Cooperative Telephone Association</b>			
Signature of Authorized Officer <i>Debra Chrest</i>		Date <b>05/24/2016</b>	
Printed name of Authorized Officer <b>Debra Chrest</b>			
Title or position of Authorized Officer <b>Secretary</b>			
Telephone number of Authorized Officer: <b>(563) 682-7111</b> ext.			
Study Area Code of Reporting Carrier	<b>351242</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MINBURN TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Debra Lucht</b></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: <b>5/19/2016</b></p>					
<p>Printed name of Authorized Officer: <b>Debra Lucht</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Assistant Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>515-677-2264</b></p>					
Study Area Code of Reporting Carrier	<b>351245</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Minburn Telephone Company				
Signature of Authorized Officer <i>Debra Lucht</i>				Date 6/30/16
Printed name of Authorized Officer Debra Lucht				
Title or position of Authorized Officer General Manager/Assistant Secretary				
Telephone number of Authorized Officer: (515) 677-2264 ext.				
Study Area Code of Reporting Carrier	351245		Filing Due Date for this form (mm/dd/yyyy)	July 2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MINERVA VALLEY TEL					
Signature of Authorized Officer: Levi Bappe				Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvitv@netins.net,O=minerva valley tel,l=Zearing IA 50278-0176, Date:5/24/2016	
Date: 5/24/2016					
Printed name of Authorized Officer: Levi Bappe					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-487-7399					
Study Area Code of Reporting Carrier	351246		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>MODERN COOP TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Jeffrey Brower</b></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:      <b>5/24/2016</b></p>	
<p>Printed name of Authorized Officer:      <b>Jeffrey Brower</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer:      <b>319-667-2375</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351247</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MUTUAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Randy Foor</span></p>				<p><small>Digitally signed by Randy Foor DN:cn=Randy Foor,email=rd@mutel.com,O=mutual tel co,l=Morning Sun IA 52640, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Randy Foor</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-868-7636</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351250</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MEDIAPOLIS TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">William Malcom</span></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: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">William Malcom</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager &amp; CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-394-3456</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MUTUAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Doug Boone</span></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: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Doug Boone</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-722-3451</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351252</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTH ENGLISH COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Reed Ostenberg</span></p>				<p><small>Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop, North English IA 52316, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Reed Ostenberg</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">COO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-664-3821</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351257</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHERN IOWA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Doug Boone</span></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: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Doug Boone</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-722-3451</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351259</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

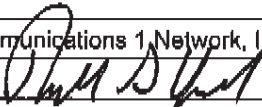
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHWEST IOWA TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Paul Bergmann</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Paul Bergmann</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-271-5535</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351260</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHWEST TEL COOP					
Signature of Authorized Officer: Donald Miller				<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> Date: 5/20/2016	
Printed name of Authorized Officer: Donald Miller					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 712-776-2222					
Study Area Code of Reporting Carrier	351261		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



## TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Communications 1 Network, Inc			
Signature of Authorized Officer 			Date 05/23/2016
Printed name of Authorized Officer Randolph YEakel			
Title or position of Authorized Officer President/CEO			
Telephone number of Authorized Officer: (641) 762-3772 ext.			
Study Area Code of Reporting Carrier	351262	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OGDEN TEL CO - IA					
Signature of Authorized Officer: Gary Clark				<small>Digitally signed by Gary Clark DN:cn=Gary Clark,email=ogdentelgary@netins.net,O=ogden tel co - ia, O=Ogden IA 50212, Date:5/23/2016</small> Date: 5/23/2016	
Printed name of Authorized Officer: Gary Clark					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 515-275-2050					
Study Area Code of Reporting Carrier	351263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OLIN TEL CO, INC</b></p>					
<p>Signature of Authorized Officer: <b>Rodney Cozart</b></p>				<p>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</p>	
<p>Date: <b>5/17/2016</b></p>					
<p>Printed name of Authorized Officer: <b>Rodney Cozart</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-484-2200</b></p>					
Study Area Code of Reporting Carrier	<b>351264</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Onslow Cooperative Telephone Association</b>			
Signature of Authorized Officer <i>Russ A. Benke</i>		Date <b>05/17/2016</b>	
Printed name of Authorized Officer <b>Russ A. Benke</b>			
Title or position of Authorized Officer <b>General Manager</b>			
Telephone number of Authorized Officer: <b>(563) 485-2833</b> ext.			
Study Area Code of Reporting Carrier	<b>351265</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/15/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ORAN MUTUAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Barb Gruetzmacher</span></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: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Barb Gruetzmacher</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-638-6006</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351266</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PALO COOP TEL ASSN					
Signature of Authorized Officer: Mark Harvey				<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> Date: 5/23/2016	
Printed name of Authorized Officer: Mark Harvey					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 319-476-7800					
Study Area Code of Reporting Carrier	351269		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PALMER MUTUAL TEL CO					
Signature of Authorized Officer: Andy Peterson				Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,l=Palmer IA 50571, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer: Andy Peterson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 712-359-2411					
Study Area Code of Reporting Carrier	351270		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PANORA COMM COOP					
Signature of Authorized Officer: Andrew Randol				<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> Date: 5/17/2016	
Printed name of Authorized Officer: Andrew Randol					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 641-755-2424					
Study Area Code of Reporting Carrier	351271		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PEOPLES TEL CO - IA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Curt Kawlewski</span></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: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-233-4172</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351273</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PRAIRIEBURG TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">LaRae Reichenauer</span></p>				<p>Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel co,l= , Date:5/16/2016</p>	
<p>Date: <span style="color: blue;">5/16/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">LaRae Reichenauer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-437-3611</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351275</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>PRESTON TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Roger Kilburg</b></p>				<p>Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestontel.com,O=preston tel co,l=Preston IA 52069-0167, Date:5/18/2016</p>	
<p>Date:      <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Roger Kilburg</b></p>					
<p>Title or position of Authorized Officer:      <b>Manager/Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>563-689-3811</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351276</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RADCLIFFE TEL CO					
Signature of Authorized Officer: Edwin Drake				Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@netins.net,O=radcliffe tel co,l=Radcliffe IA 50230-0140, Date:5/17/2016 Date: 5/17/2016	
Printed name of Authorized Officer: Edwin Drake					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 515-899-2341					
Study Area Code of Reporting Carrier	351277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>RINGSTED TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Aaron McCartan</b></p>				<p>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel co,l=Ringsted IA 50578, Date:5/23/2016</p>	
<p>Date:      <b>5/23/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Aaron McCartan</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>712-866-8000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351280</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>ROCKWELL COOP ASSN</b>					
Signature of Authorized Officer: <b>David Severin</b>				<small>Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,I=Rockwell IA 50469, Date:5/24/2016</small> Date: <b>5/24/2016</b>	
Printed name of Authorized Officer: <b>David Severin</b>					
Title or position of Authorized Officer: <b>General Mgr/Assist Secretary-Treasurer</b>					
Telephone number of Authorized Officer: <b>641-822-3212</b>					
Study Area Code of Reporting Carrier	<b>351282</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROYAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Noah</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Noah</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CCO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-933-2615</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351283</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SAC COUNTY MUTUAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ronald Sorensen</span></p>				<p><small>Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual,l=Odebolt IA 51458, Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ronald Sorensen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Compliance Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-668-2200</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351285</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SCHALLER TEL CO					
Signature of Authorized Officer: Missy Kestel				Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel co,l=Schaller IA 51053, Date:5/24/2016	
Date: 5/24/2016					
Printed name of Authorized Officer: Missy Kestel					
Title or position of Authorized Officer: Accounting General Manager					
Telephone number of Authorized Officer: 712-275-4211					
Study Area Code of Reporting Carrier	351291		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SEARSBORO TEL CO					
Signature of Authorized Officer: Gary Neill				<small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=searsboro tel co,l= , Date:5/17/2016</small> Date: 5/17/2016	
Printed name of Authorized Officer: Gary Neill					
Title or position of Authorized Officer: Consultant					
Telephone number of Authorized Officer: 402-477-1354					
Study Area Code of Reporting Carrier	351292		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>SHARON TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Robert Schneider, Jr.</b></p>				<p><small>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</small></p>	
<p>Date:      <b>5/26/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Robert Schneider, Jr.</b></p>					
<p>Title or position of Authorized Officer:      <b>CEO</b></p>					
<p>Telephone number of Authorized Officer:      <b>319-679-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351293</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SCRANTON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Allen Jacob</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Allen Jacob</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-652-3355</span></p>					
Study Area Code of Reporting Carrier	351294		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHELL ROCK COMM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Richard McBurney</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard McBurney</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-276-4458</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351295</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>HEART OF IOWA COMM.</b></p>					
<p>Signature of Authorized Officer:      <b>Bryan Amundson</b></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:      <b>5/24/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Bryan Amundson</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>641-486-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351297</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTH SLOPE COOP TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Justyn Miller</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Justyn Miller</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-626-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351298</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



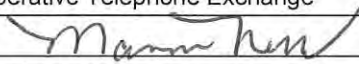
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>SOUTHWEST TEL EXCH</b></p>					
<p>Signature of Authorized Officer:      <b>Mike Weis</b></p>				<p>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</p>	
<p>Date:      <b>5/24/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Mike Weis</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer:      <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351301</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>SPRINGVILLE COOP TEL</b></p>					
<p>Signature of Authorized Officer:      <b>Jean Schilling</b></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:      <b>5/18/2016</b></p>	
<p>Printed name of Authorized Officer:      <b>Jean Schilling</b></p>					
<p>Title or position of Authorized Officer:      <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>319-854-6107</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351302</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Cooperative Telephone Exchange				
Signature of Authorized Officer 				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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

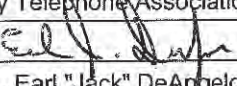
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SO. SLOPE-SWISHER</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Justyn Miller</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Justyn Miller</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-626-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351304</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>STRATFORD MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer:      <b>Jen Frank</b></p>				<p><small>Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel,l=Stratford IA 50249, Date:5/16/2016</small></p>	
<p>Date:      <b>5/16/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Jen Frank</b></p>					
<p>Title or position of Authorized Officer:      <b>Assistant Secretary/Office Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>515-838-2390</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351305</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SUPERIOR TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Cheryl Noble</span></p>				<p><small>Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel coop, =Superior IA 51363, Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Cheryl Noble</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-858-4591</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351307</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>Templeton Telephone Company</u>			
Signature of Authorized Officer <u>Patricia Snyder</u>		Date <u>05/20/2016</u>	
Printed name of Authorized Officer <u>Patricia Snyder</u>			
Title or position of Authorized Officer <u>General Manager Secretary/Treasurer</u>			
Telephone number of Authorized Officer: <u>(712) 669-3311</u> ext. <u>    </u>			
Study Area Code of Reporting Carrier	<u>351308</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TERRIL TEL. COOP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Noah</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Noah</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CCO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-853-1300</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351309</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TITONKA-BURT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Vicky Nelson</span></p>				<p><small>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,l=Titonka IA 50480-0321, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Vicky Nelson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">515-928-2110</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351310</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

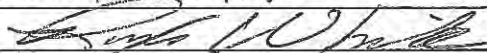
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **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** ext.

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VAN BUREN TEL CO					
Signature of Authorized Officer: Kevin Hranicka				Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosauqua IA 52565-0430, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer: Kevin Hranicka					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-293-3187					
Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAN HORNE COOP TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kerry Less</span></p>				<p>Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,l=Van Home IA 52346-0096, Date:5/23/2016</p>	
<p>Date: <span style="color: blue;">5/23/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kerry Less</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO - Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-228-8791</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351320</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.


Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VENTURA TEL CO, INC</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Lovell</b></p>				<p>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</p>	
<p>Date: <b>5/20/2016</b></p>					
<p>Printed name of Authorized Officer: <b>Thomas Lovell</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>641-357-2111</b></p>					
Study Area Code of Reporting Carrier	<b>351322</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VILLISCA FARMERS TEL</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Cabbage</b></p>				<p>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</p>	
<p>Date: <b>5/17/2016</b></p>					
<p>Printed name of Authorized Officer: <b>Kevin Cabbage</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-829-2111</b></p>					
Study Area Code of Reporting Carrier	<b>351324</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

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

Name of Reporting Carrier	WALNUT TELEPHONE COMPANY INC			
Signature of Authorized Officer			Date	16 MAY 2016
Printed name of Authorized Officer	BRUCE HEYNE			
Title or position of Authorized Officer	GENERAL MANAGER			
Telephone number of Authorized Officer: ( ) - - - - - ext.	712 784 2211			
Study Area Code of Reporting Carrier	351326	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEBB-DICKENS TEL					
Signature of Authorized Officer: Doug Boone				<small>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=webb-dickens tel,=Sioux Center IA 51250, Date:5/23/2016</small> Date: 5/23/2016	
Printed name of Authorized Officer: Doug Boone					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-722-3451					
Study Area Code of Reporting Carrier	351327		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEBSTER-CALHOUN COOP					
Signature of Authorized Officer: Daryl Carlson				<small>Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop,l=Gowrie IA 50543, Date:5/25/2016</small> Date: 5/25/2016	
Printed name of Authorized Officer: Daryl Carlson					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 515-352-3151					
Study Area Code of Reporting Carrier	351328		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WELLMAN COOP TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jayne Hochstedler</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jayne Hochstedler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-646-6075</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351329</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST IOWA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Gannon</span></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: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Gannon</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-786-5572</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351331</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEST LIBERTY TEL CO					
Signature of Authorized Officer: Craig Bieber				<small>Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,l= , Date:5/23/2016</small> Date: 5/23/2016	
Printed name of Authorized Officer: Craig Bieber					
Title or position of Authorized Officer: Controller/Treasurer					
Telephone number of Authorized Officer: 319-627-2145					
Study Area Code of Reporting Carrier	351332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Western Iowa Telephone Association			
Signature of Authorized Officer			Date 5/18/2016
Printed name of Authorized Officer Russell Walker <i>Russell Walker</i>			
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>WESTSIDE INDEPENDENT</b></p>					
<p>Signature of Authorized Officer:      <b>Jane Morlok</b></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:      <b>5/23/2016</b></p>	
<p>Printed name of Authorized Officer:      <b>Jane Morlok</b></p>					
<p>Title or position of Authorized Officer:      <b>CFO</b></p>					
<p>Telephone number of Authorized Officer:      <b>712-673-8101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351335</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILTON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Stacie Harris</span></p>				<p><small>Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtcccommunications.com,O=wilton tel co,l=Wilton IA 52778-0970, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Stacie Harris</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-732-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351336</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: <u>Woolstock Mutual Telephone</u>			
Signature of Authorized Officer: <u>Bob Grandgeorge</u>			Date: <u>5-23-16</u>
Printed name of Authorized Officer: <u>Bob Grandgeorge</u>			
Title or position of Authorized Officer: <u>President</u>			
Telephone number of Authorized Officer: <u>315 834 5571 ext.</u>			
Study Area Code of Reporting Carrier: <u>351342</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WYOMING MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer: <b>Debra Williams</b></p>				<p>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</p>	
<p>Date: <b>5/19/2016</b></p>					
<p>Printed name of Authorized Officer: <b>Debra Williams</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager/Board Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>563-488-2535</b></p>					
Study Area Code of Reporting Carrier	<b>351343</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PRAIRIE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jane Morlok</span></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: <span style="color: blue;">5/23/2016</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jane Morlok</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-673-8101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351344</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS IA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351405</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KILLDUFF TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gary Neill</span></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: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gary Neill</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Consultant</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-477-1354</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351407</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MABEL COOP TEL-IA					
Signature of Authorized Officer: Julie Kolka				<small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop tel-ia, Mabel MN 55954, Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer: Julie Kolka					
Title or position of Authorized Officer: Interim General Manager					
Telephone number of Authorized Officer: 507-493-5411					
Study Area Code of Reporting Carrier	351424		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Grand River Mutual Telephone Corporation</b>			
Signature of Authorized Officer <i>Gregg Davis</i>			Date <b>5/17/14</b>
Printed name of Authorized Officer <b>Gregg Davis</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(660) 748-3231</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>351888</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			