

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier		Rural Telephone Service - dba Nex-Tech	
Signature of authorized officer	<i>Rhonda S. Goddard</i>	Date	12-16-2016
Printed name of authorized officer		Rhonda S. Goddard	
Title or position of authorized officer		Chief Financial Officer	
Telephone number of authorized officer: (785) 567-4281 , ext. 1177			
Study Area Code of Reporting Carrier	411826	Filing Due Date for this form (mm/dd/yyyy)	12/19/16

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 **Rural Telephone Service - dba Nex-Tech**

Signature of Authorized Officer *Rhonda S. Goddard* Date **12-16-16**

Printed name of Authorized Officer **Rhonda S. Goddard**

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

Telephone number of Authorized Officer: (785) 567-4281 , ext. 1177

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