

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return 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 Cordova Telephone Cooperative

Signature of authorized officer

Paul Kelly

Date

12-12-16

Printed name of authorized officer Paul Kelly

Title or position of authorized officer CEO

Telephone number of authorized officer: (907) 424-2345 , ext.

Study Area Code of Reporting Carrier

613007

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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Cordova Telephone Cooperative			
Signature of authorized officer					Date		12-12-16	
Printed name of authorized officer			Paul Kelly					
Title or position of authorized officer			CEO					
Telephone number of authorized officer: (907) 424-2345 , ext.								
Study Area Code of Reporting Carrier		613007		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				Cordova Telephone Cooperative	
Signature of Authorized Officer			<i>Paul Kelly</i>		
Date			12-12-16		
Printed name of Authorized Officer				Paul Kelly	
Title or position of Authorized Officer				CEO	
Telephone number of Authorized Officer: (907) 424-2345 , ext. _____					
Study Area Code of Reporting Carrier		613007		Filing Due Date for this form (mm/dd/yyyy)	
				12/19/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					