

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 Island Telephone Company**

Signature of Authorized Officer *William Eckles*

Date **12/15/16**

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 **361454**

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.