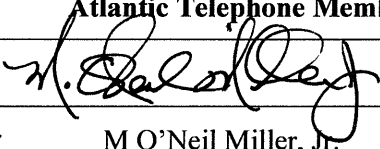


Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 | | | | Atlantic Telephone Membership Corporation | |
| Signature of Authorized Officer | |  | | Date December 12, 2016 | |
| Printed name of Authorized Officer | | M O'Neil Miller, Jr. | | | |
| Title or position of Authorized Officer | | Chief Executive Officer | | | |
| Telephone number or Authorized Officer. | | (910) 755-1603 ext. _ _ _ _ | | | |
| Study Area Code of Reporting Carrier | 230468 | | 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. | | | | | |

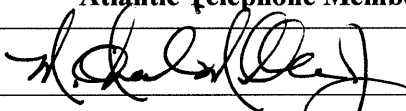
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Atlantic Telephone Membership Corporation**

Signature of Authorized Officer



Date
December 12, 2016

Printed name of Authorized Officer M. O'Neil Miller, Jr.

Title or position of Authorized Officer Chief Executive Officer

Telephone number or Authorized Officer. (910) 755-1603 ext. _ _ _ _

Study Area Code of Reporting Carrier

230468

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.

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 **Bluffton Telephone Company**

Signature of Authorized Officer



Date

12-15-16

Printed name of Authorized Officer **Andrew Rein**

Title or position of Authorized Officer **CFO**

Telephone number or Authorized
Officer.

(843) 686-1210 ext. _ _ _ _

Study Area Code of Reporting Carrier

240512

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.

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Bluffton Telephone Company**

Signature of Authorized Officer



Date

12-15-16

Printed name of Authorized Officer Andrew Rein

Title or position of Authorized Officer CFO

Telephone number or Authorized Officer. (843) 686-1210 ext. _ _ _ _

Study Area Code of Reporting Carrier

240512

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.

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 | | Hargray Telephone Company | |
| Signature of Authorized Officer | | Date <i>12-15-16</i> | |
| Printed name of Authorized Officer | | Andrew Rein | |
| Title or position of Authorized Officer | | CFO | |
| Telephone number or Authorized Officer. | | (843) 686-1210 ext. ____ | |
| Study Area Code of Reporting Carrier | 240523 | 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. | | | |

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Hargray Telephone Company**

Signature of Authorized Officer



Date

12-15-16

Printed name of Authorized Officer Andrew Rein

Title or position of Authorized Officer CFO

Telephone number or Authorized Officer. (843) 686-1210 ext. _____

Study Area Code of Reporting Carrier

240523

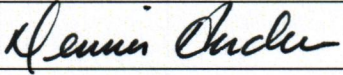
Filing Due Date for this form
(mm/dd/yyyy)

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.

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

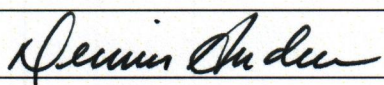
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

| | | | |
|---|---|---|------------|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) | | |
| Name of Reporting Carrier | Brindlee Mountain Telephone LLC | | |
| Signature of Authorized Officer |  | Date | 12/13/2016 |
| Printed name of Authorized Officer | Dennis Andrews | | |
| Title or position of Authorized Officer | Senior Vice President | | |
| Telephone number or Authorized Officer. | (256) 586-1420 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 250283 | 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.

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 | Brindlee Mountain Telephone LLC | | |
| Signature of Authorized Officer |  | Date | 12/13/2016 |
| Printed name of Authorized Officer | Dennis Andrews | | |
| Title or position of Authorized Officer | Senior Vice President | | |
| Telephone number or Authorized Officer. | (256) 586-1420 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 250283 | 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. | | | |

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

| | |
|--------------------------|------------------------------|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) |
|--------------------------|------------------------------|

| | |
|---------------------------|----------------------|
| Name of Reporting Carrier | Otelco Telephone LLC |
|---------------------------|----------------------|

| | | |
|---------------------------------|---|------|
| Signature of Authorized Officer |  | Date |
|---------------------------------|---|------|

12/13/2016

| | |
|------------------------------------|----------------|
| Printed name of Authorized Officer | Dennis Andrews |
|------------------------------------|----------------|

| | |
|---|-----------------------|
| Title or position of Authorized Officer | Senior Vice President |
|---|-----------------------|

| | |
|---|-------------------------------|
| Telephone number or Authorized Officer. | (256) 586-1420 ext. _ _ _ _ |
|---|-------------------------------|

| | | | | | |
|--------------------------------------|--------|--|---|------------|--|
| Study Area Code of Reporting Carrier | 250312 | | 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.

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 **Otelco Telephone LLC**

Signature of Authorized Officer

Dennis Andrews

Date

12/13/2016

Printed name of Authorized Officer

Dennis Andrews

Title or position of Authorized Officer

Senior Vice President

Telephone number of Authorized Officer.

(256) 586-1420 ext. _ _ _ _

Study Area Code of Reporting Carrier

250312

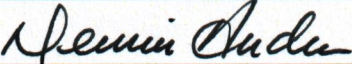
Filing Due Date for this form
(mm/dd/yyyy)

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.

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

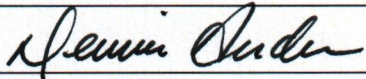
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

| | | | |
|---|---|---|------------|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) | | |
| Name of Reporting Carrier | Saco River Telephone LLC | | |
| Signature of Authorized Officer |  | Date | 12/13/2016 |
| Printed name of Authorized Officer | Dennis Andrews | | |
| Title or position of Authorized Officer | Senior Vice President | | |
| Telephone number of Authorized Officer. | (256) 586-1420 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 100022 | 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.

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 | Saco River Telephone LLC | | |
| Signature of Authorized Officer |  | Date | 12/13/2016 |
| Printed name of Authorized Officer | Dennis Andrews | | |
| Title or position of Authorized Officer | Senior Vice President | | |
| Telephone number or Authorized Officer. | (256) 586-1420 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 100022 | 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. | | | |

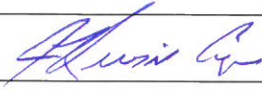
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Lancaster Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

12/12/16

Printed name of Authorized Officer J. Kevin Cage

Title or position of Authorized Officer Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer. (803) 326-7626 ext. _ _ _ _

Study Area Code of Reporting Carrier

240531

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

12/19/2016

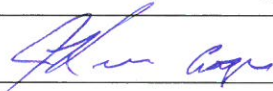
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Lancaster Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

12/12/16

Printed name of Authorized Officer

J. Kevin Cage

Title or position of Authorized Officer

Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer.

(803) 326-7626 ext. _ _ _ _

Study Area Code of Reporting Carrier

240531

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.

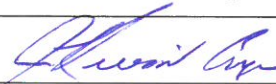
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Fort Mill Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

12/12/16

Printed name of Authorized Officer J. Kevin Cage

Title or position of Authorized Officer Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer. (803) 326-7626 ext. _ _ _ _

Study Area Code of Reporting Carrier

240521

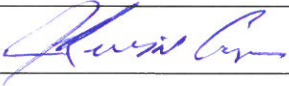
Filing Due Date for this form
(mm/dd/yyyy)

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.

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 | Fort Mill Telephone Company d/b/a Comporium Communications | | | | |
| Signature of Authorized Officer |  | | | Date | 12/12/14 |
| Printed name of Authorized Officer | J. Kevin Cage | | | | |
| Title or position of Authorized Officer | Executive Vice President, CFO and Treasurer | | | | |
| Telephone number of Authorized Officer. | (803) 326-7626 ext. _ _ _ _ | | | | |
| Study Area Code of Reporting Carrier | 240521 | | 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.

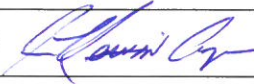
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Comporium, Inc.**

Signature of Authorized Officer



Date

12/12/14

Printed name of Authorized Officer J. Kevin Cage

Title or position of Authorized Officer Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer. (803) 326-7626 ext. _ _ _ _

Study Area Code of Reporting Carrier

240542

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

12/19/2016

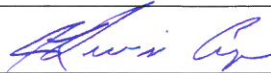
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Comporium, Inc.**

Signature of Authorized Officer



Date

12/12/16

Printed name of Authorized Officer

J. Kevin Cage

Title or position of Authorized Officer

Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer.

(803) 326-7626 ext. _ _ _ _

Study Area Code of Reporting Carrier

240542

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.

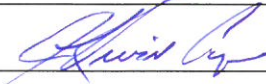
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Citizens Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

12/12/16

Printed name of Authorized Officer J. Kevin Cage

Title or position of Authorized Officer Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer. (803) 326-7626 ext. _ _ _ _

Study Area Code of Reporting Carrier

230473

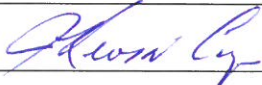
Filing Due Date for this form
(mm/dd/yyyy)

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.

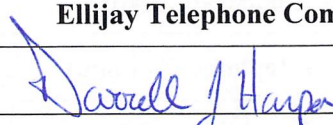
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 d/b/a Comporium Communications | | | | |
| Signature of Authorized Officer |  | | | Date | <i>12/12/16</i> |
| Printed name of Authorized Officer | J. Kevin Cage | | | | |
| Title or position of Authorized Officer | Executive Vice President, CFO and Treasurer | | | | |
| Telephone number or Authorized Officer. | (803) 326-7626 ext. _ _ _ _ | | | | |
| Study Area Code of Reporting Carrier | 230473 | | 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. | | | | | |

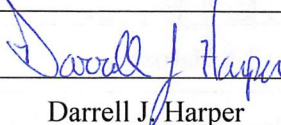
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 | | Ellijay Telephone Company | |
| Signature of Authorized Officer | | Date | |
|  | | 12-12-2016 | |
| Printed name of Authorized Officer | | Darrell J. Harper | |
| Title or position of Authorized Officer | | Vice President of Admin. & Finance | |
| Telephone number or Authorized Officer. | | (706) 276-2271 ext. 5519 | |
| Study Area Code of Reporting Carrier | 220360 | 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. | | | |

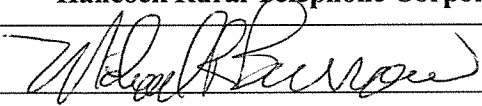
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

| | | | |
|--|---|---|------------|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) | | |
| Name of Reporting Carrier | Ellijay Telephone Company | | |
| Signature of Authorized Officer |  | Date | 12-12-2016 |
| Printed name of Authorized Officer | Darrell J. Harper | | |
| Title or position of Authorized Officer | Vice President of Admin. & Finance | | |
| Telephone number of Authorized Officer. | (706) 276-2271 ext. 5519 | | |
| Study Area Code of Reporting Carrier | 220360 | 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. | | | |

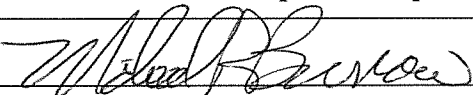
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 | Hancock Rural Telephone Corporation d/b/a NineStar Connect | | | | |
| Signature of Authorized Officer |  | | | Date | 12/15/2016 |
| Printed name of Authorized Officer | Michael R. Burrow | | | | |
| Title or position of Authorized Officer | President & CEO | | | | |
| Telephone number of Authorized Officer. | (317) 326-3131 ext. _____ | | | | |
| Study Area Code of Reporting Carrier | 320775 | | 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. | | | | | |

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

| | | | |
|--|--|---|--------------------|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) | | |
| Name of Reporting Carrier | Hancock Rural Telephone Corporation d/b/a NineStar Connect | | |
| Signature of Authorized Officer |  | | Date 12/15/2016 |
| Printed name of Authorized Officer | Michael R. Burrow | | |
| Title or position of Authorized Officer | President & CEO | | |
| Telephone number of Authorized Officer. | (317) 326-3131 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 320775 | 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. | | | |

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Heartland Telecommunications Company of Iowa d/b/a Premier Communications**

Signature of Authorized Officer



Date

12/19/16

Printed name of Authorized Officer Douglas A. Boone

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer. (712) 722 3451 ext.

Study Area Code of Reporting Carrier

351096


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.

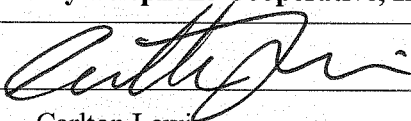
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 | Heartland Telecommunications Company of Iowa d/b/a Premier Communications | | |
| Signature of Authorized Officer |  | Date | <u>12/9/16</u> |
| Printed name of Authorized Officer | Douglas A. Boone | | |
| Title or position of Authorized Officer | CEO | | |
| Telephone number of Authorized Officer. | (<u>712</u>) <u>722 3451</u> ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 351096 | 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. | | | |

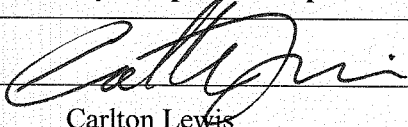
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

| | | | |
|--|--|---|------------|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) | | |
| Name of Reporting Carrier | Horry Telephone Cooperative, Inc. | | |
| Signature of Authorized Officer |  | | Date |
| Printed name of Authorized Officer | Carlton Lewis | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number or Authorized Officer. | (843) 365-2151 ext. ____ | | |
| Study Area Code of Reporting Carrier | 240528 | 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. | | | |

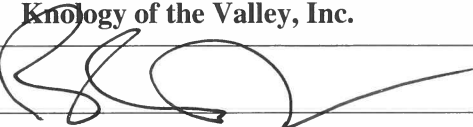
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 | Horry Telephone Cooperative, Inc. | | |
| Signature of Authorized Officer |  | | Date |
| Printed name of Authorized Officer | Carlton Lewis | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number of Authorized Officer. | (843) 365-2151 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 240528 | 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. | | | |

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 | Knology of the Valley, Inc. | | |
| Signature of Authorized Officer |  | Date | 12/13/2016 |
| Printed name of Authorized Officer | Bruce Schoonover | | |
| Title or position of Authorized Officer | Vice-President of Regulatory Compliance | | |
| Telephone number of Authorized Officer. | (706) 645-8116 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 220371 | 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. | | | |

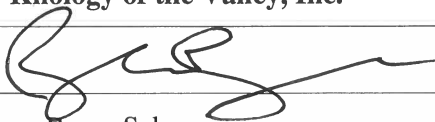
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Knology of the Valley, Inc.**

Signature of Authorized Officer



Date 12/13/2016

Printed name of Authorized Officer

Bruce Schoonover

Title or position of Authorized Officer Vice-President of Regulatory Compliance

Telephone number of Authorized Officer. (706) 645-8116 ext. _ _ _ _

Study Area Code of Reporting Carrier

220371

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.

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Mt. Horeb Telephone Co.**

Signature of Authorized Officer



Date

12/12/2016

Printed name of Authorized Officer John Klarer

Title or position of Authorized Officer Secretary

Telephone number or Authorized Officer. (608) 437-5551 ext. _ _ _ _

Study Area Code of Reporting Carrier

330916


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.

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 | Mt. Horeb Telephone Co. | | |
| Signature of Authorized Officer |  | Date | 12/12/2016 |
| Printed name of Authorized Officer | John Klarer | | |
| Title or position of Authorized Officer | Secretary | | |
| Telephone number or Authorized Officer. | (608) 437-5551 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 330916 | 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.

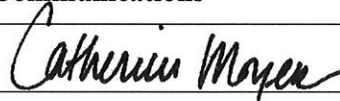
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications**

Signature of Authorized Officer



Date

12/12/16

Printed name of Authorized Officer Catherine Moyer

Title or position of Authorized Officer CEO/General Manager

Telephone number of Authorized Officer. (620) 356-3211 ext. _ _ _ _

Study Area Code of Reporting Carrier

411817

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

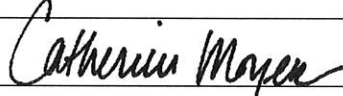
12/19/2016

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.

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 Pioneer Telephone Association, Inc. d/b/a Pioneer Communications |
|---------------------------|---|

| | | | |
|---------------------------------|---|------|-----------------|
| Signature of Authorized Officer |  | Date | 12/12/16 |
|---------------------------------|---|------|-----------------|

| | |
|------------------------------------|------------------------|
| Printed name of Authorized Officer | Catherine Moyer |
|------------------------------------|------------------------|

| | |
|---|----------------------------|
| Title or position of Authorized Officer | CEO/General Manager |
|---|----------------------------|

| | |
|---|--------------------------------------|
| Telephone number or Authorized Officer. | (620) 356-3211 ext. _ _ _ _ |
|---|--------------------------------------|

| | | | |
|--------------------------------------|---------------|--|-------------------|
| Study Area Code of Reporting Carrier | 411817 | 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.

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Skyline Telephone Membership Corporation**

Signature of Authorized Officer

Cindy Rothstein

Date

12/13/2016

Printed name of Authorized Officer

Cindy Rothstein

Title or position of Authorized Officer

Executive Director of Finance

Telephone number of Authorized Officer.

(336) 876-6304 ext. _ _ _ _

Study Area Code of Reporting Carrier

230501

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.

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 | Skyline Telephone Membership Corporation | | | | |
| Signature of Authorized Officer | <i>Cindy Rothstein</i> | | | Date | <i>12/13/2016</i> |
| Printed name of Authorized Officer | Cindy Rothstein | | | | |
| Title or position of Authorized Officer | Executive Director of Finance | | | | |
| Telephone number or Authorized Officer. | (336) 876-6304 ext. _ _ _ _ | | | | |
| Study Area Code of Reporting Carrier | 230501 | | 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. | | | | | |

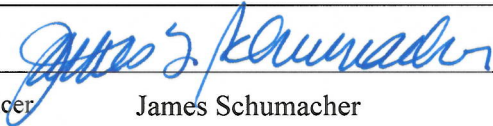
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer



Date

12/15/16

Printed name of Authorized Officer

James Schumacher

Title or position of Authorized Officer

VP Finance & Administration

Telephone number or Authorized Officer.

(407) 828-6656 ext. _ _ _ _

Study Area Code of Reporting Carrier

210330

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

12/19/2016

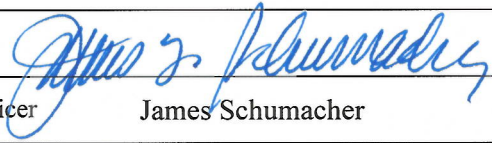
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer



Date

12/15/16

Printed name of Authorized Officer

James Schumacher

Title or position of Authorized Officer

VP Finance & Administration

Telephone number or Authorized
Officer.

(407) 828-6656 ext. _ _ _ _

Study Area Code of Reporting Carrier

210330

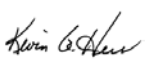
Filing Due Date for this form
(mm/dd/yyyy)

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.

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

| | | | | | |
|--|---|--|---|-----------------|--|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) | | | | |
| Name of Reporting Carrier | See TDS Telecom ILEC Listing Below | | | | |
| Signature of Authorized Officer |  | | | Date 12/02/2016 | |
| Printed name of Authorized Officer | Kevin G. Hess | | | | |
| Title or position of Authorized Officer | Executive Vice President | | | | |
| Telephone number of Authorized Officer. | (608)664-4160 ext. _ _ _ _ | | | | |
| Study Area Code of Reporting Carrier | See TDS Telecom ILEC Listing Below | | 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. | | | | | |

TDS Telecom Group-A

220351 - Camden Telephone and Telegraph Company, Inc.

330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company

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 | See TDS Telecom ILEC Listing Below |
|---------------------------|---|

| | | |
|---------------------------------|---|-----------------|
| Signature of Authorized Officer |  | Date 12/02/2016 |
|---------------------------------|---|-----------------|

| | |
|------------------------------------|---------------|
| Printed name of Authorized Officer | Kevin G. Hess |
|------------------------------------|---------------|

| | |
|---|--------------------------|
| Title or position of Authorized Officer | Executive Vice President |
|---|--------------------------|

| | |
|---|----------------------------|
| Telephone number or Authorized Officer. | (608)664-4160 ext. _ _ _ _ |
|---|----------------------------|

| | | | |
|--------------------------------------|---|---|------------|
| Study Area Code of Reporting Carrier | See TDS TELECOM ILEC Listing Below | 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.

TDS Telecom Group-A

220351 - Camden Telephone and Telegraph Company, Inc.

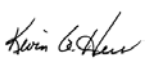
330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

| | | | | |
|--|---|--|---|------------|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) | | | |
| Name of Reporting Carrier | See TDS Telecom ILEC Listing Below | | | |
| Signature of Authorized Officer |  | | Date 12/02/2016 | |
| Printed name of Authorized Officer | Kevin G. Hess | | | |
| Title or position of Authorized Officer | Executive Vice President | | | |
| Telephone number of Authorized Officer. | (608)664-4160 ext. _ _ _ _ | | | |
| Study Area Code of Reporting Carrier | See TDS Telecom ILEC Listing Below | | 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. | | | | |

TDS Telecom-Group B

| | |
|---|--|
| 361350 Arvig Telephone Co. | 220375 Nelson-Ball Ground Telephone |
| 330844 Badger Telecom, Inc. | 210338 Quincy (FL) Telephone Co. |
| 220346 Blue Ridge Telephone Co. | 220338 Quincy (GA) Telephone Co. |
| 361362 Bridge Water Telephone Co. | 330954 Stockbridge & Sherwood Tel. Co. |
| 330859 Central State Telephone Co. | 462207 Strasburg Telephone Co. |
| 290559 Concord Telephone Exchange, Inc. | 290578 Tellico Telephone Co. |
| 330881 MidPlains Telephone Co. | 330963 UTELCO, LLC. |
| 361433 Mid State Telephone Company | |

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 | See TDS Telecom ILEC Listing Below |
|---------------------------|---|

| | | |
|---------------------------------|---|-----------------|
| Signature of Authorized Officer |  | Date 12/02/2016 |
|---------------------------------|---|-----------------|

| | |
|------------------------------------|---------------|
| Printed name of Authorized Officer | Kevin G. Hess |
|------------------------------------|---------------|

| | |
|---|--------------------------|
| Title or position of Authorized Officer | Executive Vice President |
|---|--------------------------|

| | |
|---|----------------------------|
| Telephone number or Authorized Officer. | (608)664-4160 ext. _ _ _ _ |
|---|----------------------------|

| | | | | |
|--------------------------------------|---|---|------------|--|
| Study Area Code of Reporting Carrier | See TDS TELECOM ILEC Listing Below | 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.

TDS Telecom-Group B

361350 Arvig Telephone Co.

330844 Badger Telecom, Inc.

220346 Blue Ridge Telephone Co.

361362 Bridge Water Telephone Co.

330859 Central State Telephone Co.

290559 Concord Telephone Exchange, Inc.

330881 MidPlains Telephone Co.

361433 Mid State Telephone Company

220375 Nelson-Ball Ground Telephone

210338 Quincy (FL) Telephone Co.

220338 Quincy (GA) Telephone Co.

330954 Stockbridge & Sherwood Tel. Co.

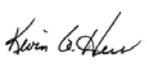
462207 Strasburg Telephone Co.

290578 Tellico Telephone Co.

330963 UTELCO, LLC.

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

| | | | | |
|--|---|--|---|------------|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) | | | |
| Name of Reporting Carrier | See TDS Telecom ILEC Listing Below | | | |
| Signature of Authorized Officer |  | | Date 12/02/2016 | |
| Printed name of Authorized Officer | Kevin G. Hess | | | |
| Title or position of Authorized Officer | Executive Vice President | | | |
| Telephone number of Authorized Officer. | (608)664-4160 ext. _ _ _ _ | | | |
| Study Area Code of Reporting Carrier | See TDS Telecom ILEC Listing Below | | 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. | | | | |

TDS Telecom Group-D

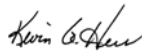
190217 - Amelia Telephone Corporation
 452171 - Arizona Telephone Company
 462184 - Delta County Tele-Comm, Inc.
 260411 - Leslie County Telephone Company
 330909 - Midway Telephone Company, LLC
 330943 - Riverside Telecom, LLC
 320829 - Tipton Telephone Company, Inc.
 320830 - Tri-County Telephone Company, Inc.
 120049 - Union Telephone Company
 190253 - Virginia Telephone Company
 330968 - Waunakee Telephone Company, LLC
 120050 - Wilton Telephone Company, Inc.

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 | See TDS Telecom ILEC Listing Below |
|---------------------------|---|

| | |
|---------------------------------|-----------------|
| Signature of Authorized Officer | Date 12/02/2016 |
|---------------------------------|-----------------|



| | |
|------------------------------------|---------------|
| Printed name of Authorized Officer | Kevin G. Hess |
|------------------------------------|---------------|

| | |
|---|--------------------------|
| Title or position of Authorized Officer | Executive Vice President |
|---|--------------------------|

| | |
|---|----------------------------|
| Telephone number or Authorized Officer. | (608)664-4160 ext. _ _ _ _ |
|---|----------------------------|

| | | | | |
|--------------------------------------|---|---|------------|--|
| Study Area Code of Reporting Carrier | See TDS TELECOM ILEC Listing Below | 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.

TDS Telecom Group-D

190217 - Amelia Telephone Corporation
452171 - Arizona Telephone Company
462184 - Delta County Tele-Comm, Inc.
260411 - Leslie County Telephone Company
330909 - Midway Telephone Company, LLC
330943 - Riverside Telecom, LLC
320829 - Tipton Telephone Company, Inc.
320830 - Tri-County Telephone Company, Inc.
120049 - Union Telephone Company
190253 - Virginia Telephone Company
330968 - Waunakee Telephone Company, LLC
120050 - Wilton Telephone Company, Inc.


**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

| | | | |
|---|---|---|------------|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) | | |
| Name of Reporting Carrier | Tri County Telephone Association, Inc. | | |
| Signature of Authorized Officer |  | Date | 12/9/16 |
| Printed name of Authorized Officer | Steven C. Harper | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number of Authorized Officer. | (307) 568-2427 ext. ____ | | |
| Study Area Code of Reporting Carrier | 512296 | Filing Due Date for this form (mm/dd/yyyy) | 12/19/2016 |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 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 | Tri County Telephone Association, Inc. | | |
| Signature of Authorized Officer |  | Date | 12/9/16 |
| Printed name of Authorized Officer | Steven C. Harper | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number or Authorized Officer. | (307) 568-2427 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 512296 | 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. | | | |

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Winnebago Cooperative Telecom Association**

Signature of Authorized Officer



Date

12/9/16

Printed name of Authorized Officer Mark Thoma

Title or position of Authorized Officer General Manager

Telephone number or Authorized Officer. (641) 592-6105 ext. _ _ _ _

Study Area Code of Reporting Carrier

**351337-
IA**

**361337-
MN**

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

12/19/2016

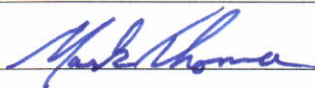
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Winnebago Cooperative Telecom Association**

Signature of Authorized Officer



Date

12/9/16

Printed name of Authorized Officer

Mark Thoma

Title or position of Authorized Officer

General Manager

Telephone number or Authorized
Officer.

(641) 592-6105 ext. _ _ _ _

Study Area Code of Reporting Carrier

**351337-
IA**

**361337-
MN**

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.

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Winnebago Cooperative Telecom Association-LB**

Signature of Authorized Officer



Date

12/9/16

Printed name of Authorized Officer Mark Thoma

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer. (641) 592-6105 ext. _ _ _ _

Study Area Code of Reporting Carrier

351338

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.

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

Winnebago Cooperative Telecom Association-LB

Signature of Authorized Officer



Date

12/9/16

Printed name of Authorized Officer

Mark Thoma

Title or position of Authorized Officer

General Manager

Telephone number of Authorized Officer.

(641) 592-6105 ext. _ _ _ _

Study Area Code of Reporting Carrier

351338

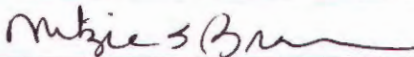


Filing Due Date for this form
(mm/dd/yyyy)

12/19/2016

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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 | Yadkin Valley Telephone Membership Corporation | | | |
| Signature of Authorized Officer |  | | Date: 12/9/2016 | |
| Printed name of Authorized Officer | Mitzie S. Branon | | | |
| Title or position of Authorized Officer | Chief Executive Officer | | | |
| Telephone number of Authorized Officer. | (336) 463-5022 ext. _____ | | | |
| Study Area Code of Reporting Carrier | 230511 |  | 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. | | | | |

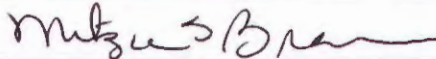
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Yadkin Valley Telephone Membership Corporation**

Signature of Authorized Officer



Date: 12/9/2016

Printed name of Authorized Officer Mitzie S. Branon

Title or position of Authorized Officer Chief Executive Officer

Telephone number of Authorized Officer. (336) 463-5022 ext. _____

Study Area Code of Reporting Carrier

230511

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.