

# APPENDIX A

## 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				Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford west tel co,l=Lewiston ME 04240, Date:12/2/2016 Date: 12/2/2016	
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)	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.					



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 NETWRKS					
Signature of Authorized Officer: Shirley Manning				Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@intelco.net,O=lincolnvill netwrks,l= , Date:11/22/2016	
Date: 11/22/2016					
Printed name of Authorized Officer: Shirley Manning					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 207-563-9941					
Study Area Code of Reporting Carrier	100003		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.					

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 COUNTY TEL					
Signature of Authorized Officer: Dawna Hannan				<small>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford county tel,l=Lewiston ME 04240, Date:12/2/2016</small> Date: 12/2/2016	
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	100019		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.					

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 TREE TEL LLC					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc,lc= , Date:11/21/2016</small> Date: 11/21/2016	
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	100020		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.					

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>Union River Telephone Company</b>			
Signature of Authorized Officer <i>William S. Silsby Jr.</i>			Date <b>11/21/2016</b>
Printed name of Authorized Officer <b>William S. Silsby, Jr.</b>			
Title or position of Authorized Officer <b>President/General Manager</b>			
Telephone number of Authorized Officer: <b>(207) 584-9911</b> ext.			
Study Area Code of Reporting Carrier	<b>100027</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</b>
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>			

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: <b>UNITEL, INC.</b>					
Signature of Authorized Officer: <b>Laurie Osgood</b>				<small>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,I=Unity ME 04988-0165, Date:12/1/2016</small> Date: <b>12/1/2016</b>	
Printed name of Authorized Officer: <b>Laurie Osgood</b>					
Title or position of Authorized Officer: <b>CEO/President</b>					
Telephone number of Authorized Officer: <b>207-948-9952</b>					
Study Area Code of Reporting Carrier	<b>100029</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: 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:11/21/2016</small> Date: 11/21/2016	
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)	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.					

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				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc, = , Date:11/21/2016 Date: 11/21/2016	
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)	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.					

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>MAGNA5 RTC LLC</b>					
Signature of Authorized Officer: <b>John London</b>				<small>Digitally signed by John London DN:cn=John London,email=jlondon@x5solutions.com,O=magna5 rtc llc, Date:12/1/2016</small> Date: <b>12/1/2016</b>	
Printed name of Authorized Officer: <b>John London</b>					
Title or position of Authorized Officer: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer: <b>214-932-9293</b>					
Study Area Code of Reporting Carrier	<b>110737</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</b>	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>					



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>11/21/2016</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>12/19/2016</b>
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 Granite State Telephone, Inc.			
Signature of Authorized Officer <i>Susan Rand King</i>			Date 11/23/2016
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)	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.			

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: DIXVILLE TEL CO					
Signature of Authorized Officer: Ann Walsh				Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,l= , Date:11/22/2016	
Date: 11/22/2016					
Printed name of Authorized Officer: Ann Walsh					
Title or position of Authorized Officer: Assistant Secretary					
Telephone number of Authorized Officer: 781-402-1731					
Study Area Code of Reporting Carrier	120042		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.					

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: DUNBARTON TEL CO					
Signature of Authorized Officer: David Montgomery				<small>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: David Montgomery					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 603-774-9911					
Study Area Code of Reporting Carrier	120043		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.					

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 TEL CO - VT					
Signature of Authorized Officer: Kimberly Gates Maynard				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: 12/1/2016 Date: 12/1/2016	
Printed name of Authorized Officer: Kimberly Gates Maynard					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 802-285-9911					
Study Area Code of Reporting Carrier	140053		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.					

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				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l=, Date:11/21/2016 Date: 11/21/2016	
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)	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.					

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	TOPSHAM TELEPHONE COMPANY, INC.		
Signature of Authorized Officer	Mark D. Perrin	Date	12/11/2016
Printed name of Authorized Officer	MARK D. PERRIN		
Title or position of Authorized Officer	CONTROLLER		
Telephone number of Authorized Officer:	(315) 321-5911 ext.		
Study Area Code of Reporting Carrier	14068	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.			

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: <b>WAITSFIELD/FAYSTON</b>					
Signature of Authorized Officer: <b>Roger Nishi</b>				<small>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston,I=Waitsfield VT 05673, Date:11/29/2016</small> Date: <b>11/29/2016</b>	
Printed name of Authorized Officer: <b>Roger Nishi</b>					
Title or position of Authorized Officer: <b>Vice President - Industry Relations</b>					
Telephone number of Authorized Officer: <b>802-496-8336</b>					
Study Area Code of Reporting Carrier	<b>140069</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 **Vermont Telephone Company, Inc.**

Signature of Authorized Officer

*Frances Stocker*

Date **12/1/2016**

Printed name of Authorized Officer **Frances Stocker**

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

Telephone number of Authorized Officer: **(802) 885-7745** ext.

Study Area Code of Reporting Carrier

**147332**

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.

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>Armstrong Telephone - New York</b>			
Signature of Authorized Officer 			Date <b>12/02/2016</b>
Printed name of Authorized Officer <b>Shawn Beqa</b>			
Title or position of Authorized Officer <b>Vice President - Regulatory Policy and Interconnection</b>			
Telephone number of Authorized Officer: <b>(724) 283-0925</b> ext.			
Study Area Code of Reporting Carrier	<b>150071</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</b>
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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: CASSADAGA TEL CORP					
Signature of Authorized Officer: Mark Maytum				<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:11/18/2016</small> Date: 11/18/2016	
Printed name of Authorized Officer: Mark Maytum					
Title or position of Authorized Officer: President, COO					
Telephone number of Authorized Officer: 716-673-3016					
Study Area Code of Reporting Carrier	150076		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.					

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>Champlain Telephone Company</u>			
Signature of Authorized Officer <u><i>Mark T. Webster</i></u>			Date <u>11/17/2016</u>
Printed name of Authorized Officer <u>Mark T. Webster</u>			
Title or position of Authorized Officer <u>Controller</u>			
Telephone number of Authorized Officer: <u>(518) 298-2480</u> , ext. _____			
Study Area Code of Reporting Carrier	<u>150077</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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: CHAZY & WESTPORT					
Signature of Authorized Officer: James Forcier				<small>Digitally signed by James Forcier DN:cn=James Forcier,email=jim.forcier@westelcom.net,O=chazy &amp; westport,l=Westport NY 12993, Date:11/16/2016</small> Date: 11/16/2016	
Printed name of Authorized Officer: James Forcier					
Title or position of Authorized Officer: President and CEO					
Telephone number of Authorized Officer: 518-962-8211					
Study Area Code of Reporting Carrier	150079		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.					

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 OF HAMMOND, NEW YORK, INC.		
Signature of Authorized Officer	Mark Du Pless		
Printed name of Authorized Officer	MARK DU PLESS	Date	11/16/2016
Title or position of Authorized Officer	CONTROLLER		
Telephone number of Authorized Officer:	(315) 328-5911 ext.		
Study Area Code of Reporting Carrier	150081	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.			

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: CROWN POINT TEL CORP					
Signature of Authorized Officer: Shana Macey				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:12/1/2016 Date: 12/1/2016	
Printed name of Authorized Officer: Shana Macey					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 518-597-3300					
Study Area Code of Reporting Carrier	150085		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.					

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:11/22/2016</small> Date: 11/22/2016	
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)	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.					



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: DUNKIRK & FREDONIA					
Signature of Authorized Officer: Mark Maytum				<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:11/18/2016</small> Date: 11/18/2016	
Printed name of Authorized Officer: Mark Maytum					
Title or position of Authorized Officer: President, COO					
Telephone number of Authorized Officer: 716-673-3016					
Study Area Code of Reporting Carrier	150091		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.					

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: EMPIRE TEL CORP					
Signature of Authorized Officer: Tom Prestigiaco				Digitally signed by Tom Prestigiaco DN:cn=Tom Prestigiaco,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:11/23/2016 Date: 11/23/2016	
Printed name of Authorized Officer: Tom Prestigiaco					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 607-522-4237					
Study Area Code of Reporting Carrier	150093		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.					

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: FISHERS ISLAND TEL					
Signature of Authorized Officer: J. Finan				Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel,l= , Date:11/30/2016 Date: 11/30/2016	
Printed name of Authorized Officer: J. Finan					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 631-788-7251					
Study Area Code of Reporting Carrier	150095		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.					

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: GERMANTOWN TEL CO					
Signature of Authorized Officer: Bruce Bohnsack				Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel co,l=Germantown NY 12526, Date:11/18/2016 Date: 11/18/2016	
Printed name of Authorized Officer: Bruce Bohnsack					
Title or position of Authorized Officer: President and CEO					
Telephone number of Authorized Officer: 518-537-4835					
Study Area Code of Reporting Carrier	150097		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.					

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: HANCOCK TEL CO					
Signature of Authorized Officer: Robert Wrighter, Jr				Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:11/21/2016 Date: 11/21/2016	
Printed name of Authorized Officer: Robert Wrighter, Jr					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 607-637-9912					
Study Area Code of Reporting Carrier	150099		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.					

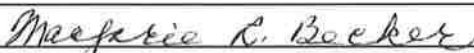
TO BE COMPLETED BY THE REPORTING CARRIER.

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: MARGARETVILLE TEL CO					
Signature of Authorized Officer: Glen Faulkner				<small>Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel co,l=Margaretville NY 12455, Date:11/17/2016</small> Date: 11/17/2016	
Printed name of Authorized Officer: Glen Faulkner					
Title or position of Authorized Officer: Asst Secretary / Treasurer					
Telephone number of Authorized Officer: 845-586-3311					
Study Area Code of Reporting Carrier	150104		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.					

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 Middleburgh Telephone Company	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Marjorie R. Becker		
Title or position of Authorized Officer			Chief Executive Officer		
Telephone number of Authorized Officer: (518) 827-5211 ext.					
Study Area Code of Reporting Carrier	150105		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>					

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>NEWPORT TEL CO</b>					
Signature of Authorized Officer: <b>Joseph Tomaino</b>				<small>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,l=Newport NY 13416, Date:11/18/2016</small> Date: <b>11/18/2016</b>	
Printed name of Authorized Officer: <b>Joseph Tomaino</b>					
Title or position of Authorized Officer: <b>Vice President of Operations</b>					
Telephone number of Authorized Officer: <b>315-845-8112</b>					
Study Area Code of Reporting Carrier	<b>150107</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: NICHOLVILLE TEL CO					
Signature of Authorized Officer: Jeffrey McGrath				Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:11/17/2016	
Date: 11/17/2016					
Printed name of Authorized Officer: Jeffrey McGrath					
Title or position of Authorized Officer: Vice President/Regulatory					
Telephone number of Authorized Officer: 315-328-5333					
Study Area Code of Reporting Carrier	150108		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.					

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: <span style="color: blue;">ONEIDA COUNTY RURAL</span>					
Signature of Authorized Officer: <span style="color: blue;">Heather Kirkland</span>				<small>Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural,lc= , Date:11/30/2016</small> Date: <span style="color: blue;">11/30/2016</span>	
Printed name of Authorized Officer: <span style="color: blue;">Heather Kirkland</span>					
Title or position of Authorized Officer: <span style="color: blue;">Director of Finance &amp; Accounting</span>					
Telephone number of Authorized Officer: <span style="color: blue;">315-865-5201</span>					
Study Area Code of Reporting Carrier	150111		Filing Due Date for this form (mm/dd/yyyy)	12/19/2016	
<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.</b>					

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:11/18/2016</small> Date: <b>11/18/2016</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>12/19/2016</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: PATTERSONVILLE TEL					
Signature of Authorized Officer: Tammy Krisher				<small>Digitally signed by Tammy Krisher DN:cn=Tammy Krisher, email=tkrisher@ptconnect.net, O=pattersonville tel, l=Rotterdam Junc NY 12150, Date:11/22/2016</small> Date: 11/22/2016	
Printed name of Authorized Officer: Tammy Krisher					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 518-887-2121					
Study Area Code of Reporting Carrier	150116		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.					

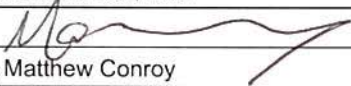
TO BE COMPLETED BY THE REPORTING CARRIER.

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: STATE TEL CO					
Signature of Authorized Officer: Mark Evans				<small>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l=Coxsackie NY 12051, Date:11/21/2016</small> Date: 11/21/2016	
Printed name of Authorized Officer: Mark Evans					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 518-731-6128					
Study Area Code of Reporting Carrier	150125		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.					

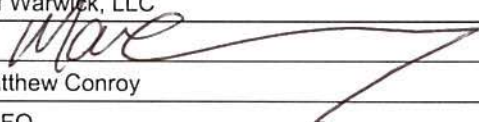
TO BE COMPLETED BY THE REPORTING CARRIER.

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: TRUMANSBURG TEL CO.					
Signature of Authorized Officer: Sean Socha				Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@fttg.com,O=trumansburg tel co.,l= , Date:11/18/2016 Date: 11/18/2016	
Printed name of Authorized Officer: Sean Socha					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 585-433-6666					
Study Area Code of Reporting Carrier	150131		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.					

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>Alteva of Warwick, LLC</b>				
Signature of Authorized Officer 				Date <b>12/1/2016</b>
Printed name of Authorized Officer <b>Matthew Conroy</b>				
Title or position of Authorized Officer <b>CFO</b>				
Telephone number of Authorized Officer: <b>(205) 978-4430</b> ext.				
Study Area Code of Reporting Carrier		<b>150135</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>Alteva of Warwick, LLC</b>				
Signature of Authorized Officer 			Date <b>12/1/2016</b>	
Printed name of Authorized Officer <b>Matthew Conroy</b>				
Title or position of Authorized Officer <b>CFO</b>				
Telephone number of Authorized Officer: <b>(205) 978-4430</b> ext.				
Study Area Code of Reporting Carrier		<b>160135</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 of Kecksburg				
Signature of Authorized Officer					Date			12/1/2016
Printed name of Authorized Officer			Arnold K. Cutrell					
Title or position of Authorized Officer			Treasurer					
Telephone number of Authorized Officer: (724) 424-4444 ext.								
Study Area Code of Reporting Carrier		170156		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>								

<p align="center"><b>Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA</b></p> <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.</p>				
Name of Reporting Carrier <u>Hickory Telephone Company</u>				
Signature of authorized officer or employee <u>Terri Jeffers</u>			Date <u>12/6/16</u>	
Printed name of authorized officer or employee <u>Terri Jeffers</u>				
Title or position of authorized officer or employee <u>Regulatory Director</u>				
Telephone number of authorized officer or employee: <u>(724) 356-2211</u> , ext.				
Study Area Code of Reporting Carrier <u>170121</u>		Filing Due Date for this form (mm/dd/yyyy) <u>12/19/2016</u>		
<p>Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 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>					
Name of Reporting Carrier: <span style="color: blue;">LACKAWAXEN TELECOM</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Deborah Szmyd</span>				<small>Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,l=Rowland PA 18457, Date:11/30/2016</small> Date: <span style="color: blue;">11/30/2016</span>	
Printed name of Authorized Officer: <span style="color: blue;">Deborah Szmyd</span>					
Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">570-685-1096</span>					
Study Area Code of Reporting Carrier	170177		Filing Due Date for this form (mm/dd/yyyy)	12/19/2016	
<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.</b>					

**Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA**

**I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.**

Name of Reporting Carrier **Armstrong Telephone - Pennsylvania**

Signature of authorized officer or employee



Date

**12/06/2016**

Printed name of authorized officer or employee

**David Ames**

Title or position of authorized officer or employee

**Financial Analyst**

Telephone number of authorized officer or employee: ( 724 ) 283 - 0925 , ext. 50385

Study Area Code of Reporting Carrier

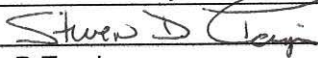
**170189**

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

**12/19/2016**

**Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 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 North-Eastern Pennsylvania Telephone Company				
Signature of Authorized Officer 				Date 11-30-16
Printed name of Authorized Officer Steven D Tourje				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (570) 785-3131 ext.				
Study Area Code of Reporting Carrier	170191	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.				

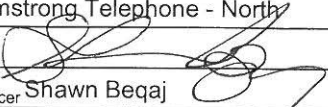
TO BE COMPLETED BY THE REPORTING CARRIER.

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 PENN TEL CO					
Signature of Authorized Officer: Tom Prestigiacomo				Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:11/23/2016 Date: 11/23/2016	
Printed name of Authorized Officer: Tom Prestigiacomo					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 607-522-4237					
Study Area Code of Reporting Carrier	170192		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.					

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>Armstrong Telephone - North</b>			
Signature of Authorized Officer 			Date <b>12/02/2016</b>
Printed name of Authorized Officer <b>Shawn Beqaj</b>			
Title or position of Authorized Officer <b>Vice President - Regulatory Policy and Interconnection</b>			
Telephone number of Authorized Officer: <b>(724) 283-0925</b> ext.			
Study Area Code of Reporting Carrier	<b>170195</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</b>
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>Palmerton Telephone Company</b>				
Signature of Authorized Officer 				Date <b>11/30/2016</b>
Printed name of Authorized Officer <b>Timothy Hausman</b>				
Title or position of Authorized Officer <b>General Manager</b>				
Telephone number of Authorized Officer: <b>(610) 826-9433</b> , ext.				
Study Area Code of Reporting Carrier	<b>170196</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: 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:12/1/2016	
Date: 12/1/2016					
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)	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.					

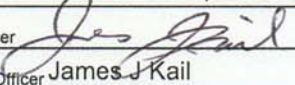
TO BE COMPLETED BY THE REPORTING CARRIER.

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: PYMATUNING IND TEL					
Signature of Authorized Officer: Amanda Molina				Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=pymatuning ind tel, Date:12/6/2016	
Date: 12/6/2016					
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	170200		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.					

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				South Canaan Telephone Company	
Signature of Authorized Officer					
Date			11-30-16		
Printed name of Authorized Officer					
James J. Kail					
Title or position of Authorized Officer					
President & CEO					
Telephone number of Authorized Officer: (724) 593-2411, ext.					
Study Area Code of Reporting Carrier		170205	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>					

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				Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel corp,I=Venus PA 16364, Date:11/18/2016 Date: 11/18/2016	
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)	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.					

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 SIDE TEL CO-PA					
Signature of Authorized Officer: John Ludenia				<small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa,lc= , Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: John Ludenia					
Title or position of Authorized Officer: V.P. Operations, General manager					
Telephone number of Authorized Officer: 304-983-8642					
Study Area Code of Reporting Carrier	170277		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.					

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>Armstrong Telephone - Maryland</b>			
Signature of Authorized Officer 			Date <b>12/02/2016</b>
Printed name of Authorized Officer <b>Shawn Bedaj</b>			
Title or position of Authorized Officer <b>Vice President - Regulatory Policy and Interconnection</b>			
Telephone number of Authorized Officer: <b>(724) 283-0925</b> ext.			
Study Area Code of Reporting Carrier	<b>180216</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 Buggs Island Telephone Cooperative			
Signature of Authorized Officer <i>Michele Taylor</i>		Date 11-17-16	
Printed name of Authorized Officer Michele Taylor			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (434) 636-2274 ext.			
Study Area Code of Reporting Carrier	190219	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.			

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@bgtco.net,O=burke's garden tel,l= , Date:11/30/2016</small> Date: 11/30/2016	
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)	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.					



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					
Signature of Authorized Officer: <b>Greg Sapp</b>				<small>Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel coop,l=Floyd VA 24091-0137, Date:11/16/2016</small> Date: 11/16/2016	
Printed name of Authorized Officer: Greg Sapp					
Title or position of Authorized Officer: CEO & General Manager					
Telephone number of Authorized Officer: 540-745-2111					
Study Area Code of Reporting Carrier	190225		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.					

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>Highland Telephone Cooperative</b>			
Signature of Authorized Officer <i>Ruth Newman</i>			Date <b>11/22/2016</b>
Printed name of Authorized Officer <b>Ruth Newman</b>			
Title or position of Authorized Officer <b>Co-General Manager</b>			
Telephone number of Authorized Officer: <b>(540) 468-2131</b> , ext.			
Study Area Code of Reporting Carrier	<b>190237</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 **MGW Telephone Company, Inc.**

Signature of Authorized Officer **Sheri H. Smith**  
Digitally signed by Sheri H. Smith  
 DN: cn=Sheri H. Smith, o=MGW, ou,  
 email=sherihsmith@mgwmet.com, c=US  
 Date: 2016.12.01 11:59:36 -0500

Date **12/1/2016**

Printed name of Authorized Officer **Sheri H Smith**

Title or position of Authorized Officer **Treasurer**

Telephone number of Authorized Officer: **(540) 925-5235** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier **190238**

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.

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 HOPE TEL COOP					
Signature of Authorized Officer: Laurie Hensley				Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,i=New Hope VA 24469, Date:12/1/2016	
Date: 12/1/2016					
Printed name of Authorized Officer: Laurie Hensley					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 540-363-6277					
Study Area Code of Reporting Carrier	190239		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.					

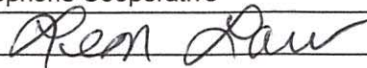
TO BE COMPLETED BY THE REPORTING CARRIER,

### 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 Pembroke Telephone Cooperative

Signature of Authorized Officer



Date 11/28/2016

Printed name of Authorized Officer Leon A. Law

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (540) 626-7111, ext.

Study Area Code of Reporting Carrier

190243

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.

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: SCOTT COUNTY COOP					
Signature of Authorized Officer: Daniel Odom				<small>Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Daniel Odom					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 276-452-7224					
Study Area Code of Reporting Carrier	190248		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.					

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: LUMOS TEL. BOTETOURT					
Signature of Authorized Officer: Mary McDermott				Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,l=Waynesboro VA 22980, Date:11/18/2016 Date: 11/18/2016	
Printed name of Authorized Officer: Mary McDermott					
Title or position of Authorized Officer: Senior VP, Legal and Regulatory Affairs					
Telephone number of Authorized Officer: 540-946-8677					
Study Area Code of Reporting Carrier	190249		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.					

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: SHENANDOAH TEL CO					
Signature of Authorized Officer: Thomas Reed				<small>Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah tel co, Date:11/16/2016</small> Date: 11/16/2016	
Printed name of Authorized Officer: Thomas Reed					
Title or position of Authorized Officer: Controller of Financial Reporting					
Telephone number of Authorized Officer: 540-984-5295					
Study Area Code of Reporting Carrier	190250		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.					



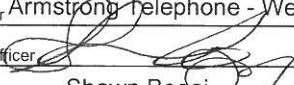
TO BE COMPLETED BY THE REPORTING CARRIER.

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: SHENANDOAH - NR					
Signature of Authorized Officer: Thomas Reed				<small>Digitally signed by Thomas Reed DN: cn=Thomas Reed, email=thomas.reed@emp.shentel.com, O=shenandoah - nr, Date: 11/16/2016</small> Date: 11/16/2016	
Printed name of Authorized Officer: Thomas Reed					
Title or position of Authorized Officer: Controller of Financial Reporting					
Telephone number of Authorized Officer: 540-984-5295					
Study Area Code of Reporting Carrier	197251		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.					

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>Armstrong Telephone - West Virginia</u>			
Signature of Authorized Officer: 			Date: <u>12/02/2016</u>
Printed name of Authorized Officer: <u>Shawn Bedaj</u>			
Title or position of Authorized Officer: <u>Vice President - Regulatory Policy and Interconnection</u>			
Telephone number of Authorized Officer: <u>(724) 283-0925</u> ext. _____			
Study Area Code of Reporting Carrier	<u>200256</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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: <b>SPRUCE KNOB SENECA</b>					
Signature of Authorized Officer: <b>Vickie Colaw</b>				<small>Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,l=Riverton WV 26814-0100, Date:11/29/2016</small> Date: <b>11/29/2016</b>	
Printed name of Authorized Officer: <b>Vickie Colaw</b>					
Title or position of Authorized Officer: <b>General Manager</b>					
Telephone number of Authorized Officer: <b>304-567-2121</b>					
Study Area Code of Reporting Carrier	<b>200257</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>WAR TEL LLC</b>					
Signature of Authorized Officer: <b>Dennis Andrews</b>				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,lc= , Date:11/21/2016</small> Date: <b>11/21/2016</b>	
Printed name of Authorized Officer: <b>Dennis Andrews</b>					
Title or position of Authorized Officer: <b>Sr Vice President</b>					
Telephone number of Authorized Officer: <b>256-586-1420</b>					
Study Area Code of Reporting Carrier	<b>200258</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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.					

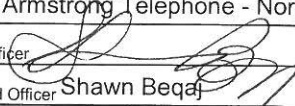
TO BE COMPLETED BY THE REPORTING CARRIER.

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>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:12/1/2016</small> Date: <b>12/1/2016</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>12/19/2016</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>Armstrong Telephone - Northern Division</b>			
Signature of Authorized Officer 			Date <b>12/02/2016</b>
Printed name of Authorized Officer <b>Shawn Beqaj</b>			
Title or position of Authorized Officer <b>Vice President - Regulatory Policy and Interconnection</b>			
Telephone number of Authorized Officer: <b>(724) 283-0925</b> ext.			
Study Area Code of Reporting Carrier	<b>200267</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: WEST SIDE TEL-WV					
Signature of Authorized Officer: John Ludenia				<small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel-wv,l= , Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: John Ludenia					
Title or position of Authorized Officer: V.P. Operations, General manager					
Telephone number of Authorized Officer: 304-983-8642					
Study Area Code of Reporting Carrier	200277		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.					

TO BE COMPLETED BY THE REPORTING CARRIER.

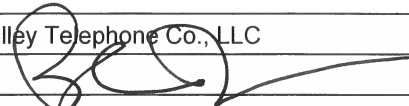
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ITS TELECOMM. SYS.					
Signature of Authorized Officer: Bruce Russell				<small>Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=brucer@its telecom.net,O=its telecom.sys.,l=Indiantown FL 34956, Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Bruce Russell					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 772-597-2106					
Study Area Code of Reporting Carrier	210331		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.					



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=US, Date:12/6/2016</small> Date: <b>12/6/2016</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>12/19/2016</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>11/17/2016</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>12/19/2016</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:11/30/2016</small> Date: 11/30/2016	
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)	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.					

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:11/17/2016	
Date: 11/17/2016					
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)	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.					

**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>Brantley Telephone Co., Inc</b>				
Signature of Authorized Officer 				Date <b>1/6/2017</b>
Printed name of Authorized Officer <b>Donovan Strickland</b>				
Title or position of Authorized Officer <b>Vice-President</b>				
Telephone number of Authorized Officer: <b>(912) 462-5111</b> ext.				
Study Area Code of Reporting Carrier	<b>220347</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>January 2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **Bulloch County Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer

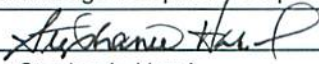
Date **11/30/2016**Printed name of Authorized Officer **John D. Scott, Jr.**Title or position of Authorized Officer **General Manager/COO**Telephone number of Authorized Officer: **(912) 865-1100** ext.

Study Area Code of Reporting Carrier

**220348**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.

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 Chickamauga Telephone Corporation				
Signature of Authorized Officer 				Date 11/23/2016
Printed name of Authorized Officer Stephanie Hand				
Title or position of Authorized Officer Chief Financial Officer				
Telephone number of Authorized Officer: (601) 764-3463 ext.				
Study Area Code of Reporting Carrier	220354		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.				

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 CO - GA					
Signature of Authorized Officer: Chad Ledger				<small>Digitally signed by Chad Ledger DN:cn=Chad Ledger,email=scl@citizensdsl.com,O=citizens tel co - ga,l=Leslie GA 31764, Date:11/18/2016</small> Date: 11/18/2016	
Printed name of Authorized Officer: Chad Ledger					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 229-874-4145					
Study Area Code of Reporting Carrier	220355		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.					



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>Darien Telephone Company, Inc</b>			
Signature of Authorized Officer <i>Mary Lou Forsyth</i>			Date <b>11/17/2016</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) 437-4111</b> , ext.			
Study Area Code of Reporting Carrier	<b>220358</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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.			

APPENDIX A

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>Glenwood Telephone Company</b>				
Signature of Authorized Officer <i>Janice E. O'Brien</i>			Date <b>11/17/2016</b>	
Printed name of Authorized Officer <b>Janice E O'Brien</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(912) 523-5111</b> ext.				
Study Area Code of Reporting Carrier <b>220365</b>		Filing Due Date for this form (mm/dd/yyyy) <b>12/19/2016</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, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Carrier Cert

Transmittal No. 1503

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>Hart Telephone Company</b>			
Signature of Authorized Officer <b>Randy Daniel</b>		Date <b>11/18/16</b>	
Printed name of Authorized Officer <b>Randy Daniel</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>706-376-4701</b> ext. _____			
Study Area Code of Reporting Carrier	<b>220368</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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.

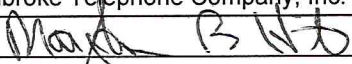
TO BE COMPLETED BY THE REPORTING CARRIER.

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: COMSOUTH TELECOMM					
Signature of Authorized Officer: Scott Obert-Thorn				Digitally signed by Scott Obert-Thorn DN:cn=Scott Obert-Thorn,email=scott@comsouth.net,O=comsouth telecomm,l=Hawkinsville GA 31306, Date:11/30/2016 Date: 11/30/2016	
Printed name of Authorized Officer: Scott Obert-Thorn					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 478-783-4001					
Study Area Code of Reporting Carrier	220369		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.					

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: PEMBROKE TEL CO					
Signature of Authorized Officer: Mary Anna Hite				Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtco.com,O=pembroke tel co,l=Pembroke GA 31321, Date:11/21/2016 Date: 11/21/2016	
Printed name of Authorized Officer: Mary Anna Hite					
Title or position of Authorized Officer: Secretary-Treasurer/General Manager					
Telephone number of Authorized Officer: 912-653-4389					
Study Area Code of Reporting Carrier	220376		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.					


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 Company, Inc.</b>				
Signature of Authorized Officer 				Date <b>1/06/2017</b>
Printed name of Authorized Officer <b>MaryAnna B. Hite</b>				
Title or position of Authorized Officer <b>Secretary-Treasurer CPO</b>				
Telephone number of Authorized Officer: <b>(912) 653-4389</b> ext. _____				
Study Area Code of Reporting Carrier	<b>220376</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>January 2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>PINELAND TEL COOP</b>					
Signature of Authorized Officer: <b>Dustin Durden</b>				<small>Digitally signed by Dustin Durden DN:cn=Dustin Durden,email=ddurden@pinelandtelco.com,O=pineland tel coop,l=Metter GA 30439, Date:11/29/2016</small> Date: <b>11/29/2016</b>	
Printed name of Authorized Officer: <b>Dustin Durden</b>					
Title or position of Authorized Officer: <b>General Manager/Exec Vice-Pres</b>					
Telephone number of Authorized Officer: <b>912-685-8112</b>					
Study Area Code of Reporting Carrier	<b>220377</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 Pineland Telephone Cooperative			
Signature of Authorized Officer 			Date 1/5/17
Printed name of Authorized Officer Dustin Durden			
Title or position of Authorized Officer Executive Vice President			
Telephone number of Authorized Officer: (912) 685-2121 ext.			
Study Area Code of Reporting Carrier	220377	Filing Due Date for this form (mm/dd/yyyy)	January 2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



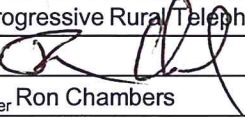
TO BE COMPLETED BY THE REPORTING CARRIER.

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>PLANTERS RURAL COOP</b>					
Signature of Authorized Officer: <b>John Lacienski</b>				<small>Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural coop,l=Newington GA 30446, Date:11/18/2016</small> Date: <b>11/18/2016</b>	
Printed name of Authorized Officer: <b>John Lacienski</b>					
Title or position of Authorized Officer: <b>President</b>					
Telephone number of Authorized Officer: <b>912-857-4411</b>					
Study Area Code of Reporting Carrier	<b>220378</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>Plant Telephone Company</u>			
Signature of Authorized Officer <u><i>Danny E. Sterling</i></u>			Date <u>11/21/16</u>
Printed name of Authorized Officer <u>Danny E. Sterling</u>			
Title or position of Authorized Officer <u>President &amp; General Manager</u>			
Telephone number of Authorized Officer: <u>229 528-4777</u> <small>(area code) (number) ext.</small>			
Study Area Code of Reporting Carrier	<u>220379</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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 Progressive Rural Telephone Co-Op, Inc				
Signature of Authorized Officer 				Date 12/06/2016
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)	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.				

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 11/17/2016

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)

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.

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 01/11/2017

Printed name of Authorized Officer James L. Bond

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (478) 847-4111 ext. 6520

Study Area Code of Reporting Carrier

220381

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

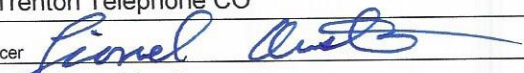
January 2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>Trenton Telephone CO</b>			
Signature of Authorized Officer 			Date <b>12/06/2016</b>
Printed name of Authorized Officer <b>Lionel Austin</b>			
Title or position of Authorized Officer <b>CFO</b>			
Telephone number of Authorized Officer: <b>(706) 398-2900</b> ext.			
Study Area Code of Reporting Carrier	<b>220389</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>WAVERLY HALL, LLC</b>					
Signature of Authorized Officer: <b>Deborah Rand</b>				<small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall, llc,lc= , Date:11/17/2016</small> Date: <b>11/17/2016</b>	
Printed name of Authorized Officer: <b>Deborah Rand</b>					
Title or position of Authorized Officer: <b>President</b>					
Telephone number of Authorized Officer: <b>603-472-9786</b>					
Study Area Code of Reporting Carrier	<b>220392</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 **Waverly Hall Telephone**

Signature of Authorized Officer  Date **1/11/2017**

Printed name of Authorized Officer **Deborah A. Rand**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(603) 472-9786** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>220392</b>		Filing Due Date for this form (mm/dd/yyyy)	January 2017	
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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: WILKES TEL & ELC CO					
Signature of Authorized Officer: April Dyson				Digitally signed by April Dyson DN:cn=April Dyson,email=aprilwtec@nu-z.net,O=wilkes tel & elc co,l=Washington GA 30673, Date:11/16/2016 Date: 11/16/2016	
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)	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.					


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				Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=barnardsville tel co,lc= , Date:12/2/2016 Date: 12/2/2016	
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)	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.					

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>Ellerbe Telephone Company</b>			
Signature of Authorized Officer 			Date <b>12/2/2016</b>
Printed name of Authorized Officer <b>Dan M Bennett</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(910) 652-2221</b> , ext.			
Study Area Code of Reporting Carrier	<b>230478</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 North State Telephone Company dba North State Communications				
Signature of Authorized Officer <i>Lynn B. Weilborn</i>				Date 12/2/16
Printed name of Authorized Officer Lynn B. Weilborn				
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)	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.				

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.

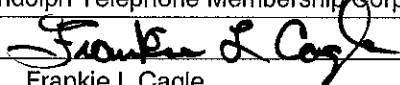
Name of Reporting Carrier	Town of Pineville dba Pineville Telephone Co		
Signature of Authorized Officer	<i>Tammy J. Vachon</i>	Date	12-2-16
Printed name of Authorized Officer	Tammy J. Vachon		
Title or position of Authorized Officer	General Manager aka Telecommunications Director		
Telephone number of Authorized Officer:	704 ) 889-2001, ext.		
Study Area Code of Reporting Carrier	230494	Filing Due Date for this form (mm/dd/yyyy)	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.

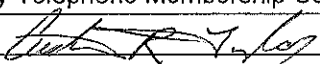
TO BE COMPLETED BY THE REPORTING CARRIER,

### 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>Randolph Telephone Membership Corporation</b>			
Signature of Authorized Officer 			Date <b>11/28/2016</b>
Printed name of Authorized Officer <b>Frankie L Cagle</b>			
Title or position of Authorized Officer <b>General Manager / CEO</b>			
Telephone number of Authorized Officer: <b>(336) 879-5684</b> ext.			
Study Area Code of Reporting Carrier	<b>230496</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 <b>Surry Telephone Membership Corp</b>				
Signature of Authorized Officer 			Date <b>11-16-2016</b>	
Printed name of Authorized Officer <b>Curtis R. Taylor</b>				
Title or position of Authorized Officer <b>Chief Executive Officer</b>				
Telephone number of Authorized Officer: <b>(336) 374-5021</b> ext.				
Study Area Code of Reporting Carrier <b>230497</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: SALUDA MOUNTAIN TEL					
Signature of Authorized Officer: Eric Cramer				Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=saluda mountain tel, Date:12/2/2016 Date: 12/2/2016	
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	230498		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.					



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: SERVICE TEL CO					
Signature of Authorized Officer: Eric Cramer				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=service tel co,l= , Date:12/2/2016</small> Date: 12/2/2016	
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	230500		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.					

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: Surry Telephone Membership Corp			
Signature of Authorized Officer: 			Date: 11-16-2016
Printed name of Authorized Officer: Curtis R. Taylor			
Title or position of Authorized Officer: Chief Executive Officer			
Telephone number of Authorized Officer: (336) 374-5021 ext.			
Study Area Code of Reporting Carrier	230503	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.			

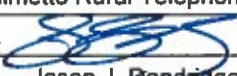
TO BE COMPLETED BY THE REPORTING CARRIER,

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 Tri-County Telephone Membership Corp			
Signature of Authorized Officer <i>Gregory S. Coltrain</i>			Date 12/01/2016
Printed name of Authorized Officer Gregory S Coltrain			
Title or position of Authorized Officer CEO/General Manager			
Telephone number of Authorized Officer: (252) 964-8000 ext.			
Study Area Code of Reporting Carrier	230505	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.			

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>WILKES MEMBERSHIP</b>					
Signature of Authorized Officer: <b>Eric Cramer</b>				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes membership,l= , Date:12/2/2016</small> Date: <b>12/2/2016</b>	
Printed name of Authorized Officer: <b>Eric Cramer</b>					
Title or position of Authorized Officer: <b>CEO and General Manager</b>					
Telephone number of Authorized Officer: <b>336-973-6112</b>					
Study Area Code of Reporting Carrier	<b>230510</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>Palmetto Rural Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer 			Date <b>11/18/2016</b>
Printed name of Authorized Officer <b>Jason J. Landridge</b>			
Title or position of Authorized Officer <b>Chief Executive Officer</b>			
Telephone number of Authorized Officer: <b>(843) 538-9090 ext.</b>			
Study Area Code of Reporting Carrier	<b>240536</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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.			

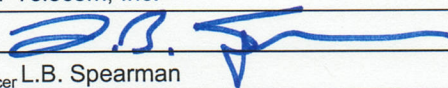
**TO BE COMPLETED BY THE REPORTING CARRIER,**

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>Palmetto Rural Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer <i>Dewaine J. Wilson</i>			Date <b>1/10/2017</b>
Printed name of Authorized Officer <b>Dewaine J. Wilson</b>			
Title or position of Authorized Officer <b>Chief Financial Officer</b>			
Telephone number of Authorized Officer: <b>(843) 538-9382</b> ext.			
Study Area Code of Reporting Carrier	<b>240536</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>January 2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>PBT Telecom, Inc.</b>			
Signature of Authorized Officer 			Date <b>11/18/2016</b>
Printed name of Authorized Officer <b>L.B. Spearman</b>			
Title or position of Authorized Officer <b>Vice President</b>			
Telephone number of Authorized Officer: <b>(803) 210-5528</b> ext.			
Study Area Code of Reporting Carrier	<b>240539</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>PBT Telecom, Inc.</b>			
Signature of Authorized Officer 			Date <b>01/10/2017</b>
Printed name of Authorized Officer <b>L.B. Spearman</b>			
Title or position of Authorized Officer <b>VicePresident</b>			
Telephone number of Authorized Officer: <b>(803) 210-5528</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>240539</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>January 2017</b>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **Sandhill Telephone Cooperative, Inc.**

Signature of Authorized Officer

*C. Lee Chambers*

Date **11/18/2016**

Printed name of Authorized Officer **C. Lee Chambers**

Title or position of Authorized Officer **CEO/Manager**

Telephone number of Authorized Officer: **(843) 658-3434 ext. 230**

Study Area Code of Reporting Carrier

**240546**

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.

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 CAROLINA RURAL					
Signature of Authorized Officer: Jeff Wilson				<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:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Jeff Wilson					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 864-446-9251					
Study Area Code of Reporting Carrier	240550		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.					

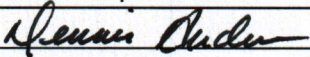
TO BE COMPLETED BY THE REPORTING CARRIER.

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>BLOUNTSVILLE TEL LLC</b>					
Signature of Authorized Officer: <b>Dennis Andrews</b>				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc,lc= , Date:11/21/2016</small> Date: <b>11/21/2016</b>	
Printed name of Authorized Officer: <b>Dennis Andrews</b>					
Title or position of Authorized Officer: <b>Sr Vice President</b>					
Telephone number of Authorized Officer: <b>256-586-1420</b>					
Study Area Code of Reporting Carrier	<b>250282</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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				Blountsville Telephone LLC	
Signature of Authorized Officer					
Date			January 5, 2017		
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		250282		Filing Due Date for this form (mm/dd/yyyy)	
				January 2017	

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

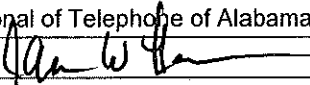
APPENDIX A

3-3

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>Castleberry Telephone Company</b>			
Signature of Authorized Officer <i>Homer Holland</i>			Date <b>11-29-16</b>
Printed name of Authorized Officer <b>Homer Holland</b>			
Title or position of Authorized Officer <b>Secretary/Treasurer</b>			
Telephone number of Authorized Officer: <b>(251) 966-2110</b> , ext.			
Study Area Code of Reporting Carrier	<b>250285</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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.			

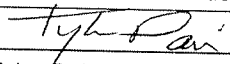
TO BE COMPLETED BY THE REPORTING CARRIER,

<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>National of Telephone of Alabama, Inc.</b>			
Signature of Authorized Officer 			Date <b>12/7/2016</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>250286</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 Farmers Telecommunications Cooperative, Inc.			
Signature of Authorized Officer 			Date 11/21/16
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)	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.

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>11/17/2016</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>250295</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: HAYNEVILLE TEL CO					
Signature of Authorized Officer: Evelyn Causey				Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel co,l=Hayneville AL 36040, Date:11/21/2016 Date: 11/21/2016	
Printed name of Authorized Officer: Evelyn Causey					
Title or position of Authorized Officer: President/COO					
Telephone number of Authorized Officer: 334-548-2101					
Study Area Code of Reporting Carrier	250299		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.					

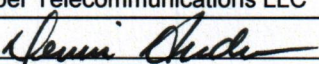
TO BE COMPLETED BY THE REPORTING CARRIER.

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:11/21/2016</small> Date: 11/21/2016	
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)	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.					

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.

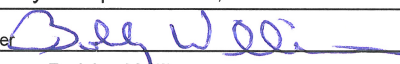
Name of Reporting Carrier <b>Hopper Telecommunications LLC</b>			
Signature of Authorized Officer 			Date <b>January 5, 2017</b>
Printed name of Authorized Officer <b>Dennis Andrews</b>			
Title or position of Authorized Officer <b>Senior Vice President</b>			
Telephone number of Authorized Officer: <b>(256) 586-1420</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>250300</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>January 2017</b>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>Millry Telephone Co., Inc.</b>				
Signature of Authorized Officer 			Date <b>11/30/2016</b>	
Printed name of Authorized Officer <b>Bobby Williams</b>				
Title or position of Authorized Officer <b>Vice President</b>				
Telephone number of Authorized Officer: <b>(251) 846-2911</b> , ext. _____				
Study Area Code of Reporting Carrier	<b>250304</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 **Mon-Cre Telephone Cooperative**

Signature of Authorized Officer *Teresa Rich*

Date **11.29.16**

Printed name of Authorized Officer **Teresa Rich**

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

Telephone number of Authorized Officer: **(334) 562-3473** ext.

Study Area Code of Reporting Carrier **250305**

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.

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: MOUNDVILLE TEL CO					
Signature of Authorized Officer: R. Taylor				Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel co,l=Moundville AL 35474, Date:11/28/2016	
Date: 11/28/2016					
Printed name of Authorized Officer: R. Taylor					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 205-371-9011					
Study Area Code of Reporting Carrier	250307		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.					



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</u>			
Signature of Authorized Officer <u>James D. Cook</u>		Date <u>11/29/16</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 8800</u>			
Study Area Code of Reporting Carrier	<u>250308</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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 Telephone Company**

Signature of Authorized Officer 

Date **11/29/2016**

Printed name of Authorized Officer **John Nettles**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(334) 385-2106** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier **250315**

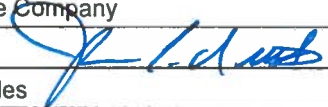
Filing Due Date for this form  
(mm/dd/yyyy)

**12/19/2016**

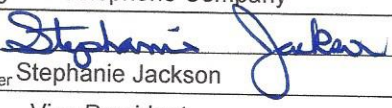
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY THE REPORTING CARRIER,

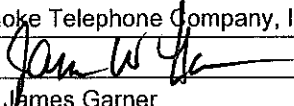
Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Pine Belt Telephone Company</b>			
Signature of Authorized Officer 			Date <b>01/6/2017</b>
Printed name of Authorized Officer <b>John C. Nettles</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(334) 385-2106</b> ext.			
Study Area Code of Reporting Carrier	<b>250315</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>January 2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 Company			
Signature of Authorized Officer 		Date 12-01-2016	
Printed name of Authorized Officer Stephanie Jackson			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (205) 472-2141 ext.			
Study Area Code of Reporting Carrier	250316	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.			

Carrier Cert

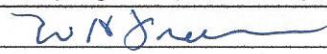
TO BE COMPLETED BY THE REPORTING CARRIER,

<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>Roanoke Telephone Company, Inc.</b>			
Signature of Authorized Officer 			Date <b>12/7/2016</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>12/19/2016</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>Union Springs Telephone Company Inc</b>			
Signature of Authorized Officer 		Date <b>11/23/16</b>	
Printed name of Authorized Officer <b>William H Freeman</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(334) 738-4400</b> ext.			
Study Area Code of Reporting Carrier	<b>250322</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: BALLARD RURAL COOP					
Signature of Authorized Officer: Randy Grogan				Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,I=La Center KY 42056, Date:11/15/2016 Date: 11/15/2016	
Printed name of Authorized Officer: Randy Grogan					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 270-665-5186					
Study Area Code of Reporting Carrier	260396		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.					

FORM 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: <i>Randall Bradley</i>			Date: <b>12/14/2016</b>
Printed name of Authorized Officer: <b>Randall Bradley</b>			
Title or position of Authorized Officer: <b>Controller</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>12/19/2016</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: DUO COUNTY TEL COOP					
Signature of Authorized Officer: Daryl Hammond				Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:11/15/2016	
Date: 11/15/2016					
Printed name of Authorized Officer: Daryl Hammond					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 270-343-3131					
Study Area Code of Reporting Carrier	260401		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.					

TO BE COMPLETED BY THE REPORTING CARRIER,

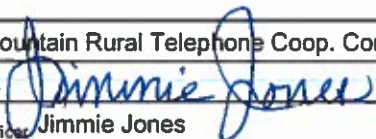
Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Foothills Rural Telephone Cooperative Corporation, Inc.			
Signature of Authorized Officer <i>Ruth Conley</i>			Date 11/18/2016
Printed name of Authorized Officer Ruth L. Conley			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer: (606) 297-3501 ext.			
Study Area Code of Reporting Carrier	260406	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.			



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: LOGAN TEL. COOP. INC					
Signature of Authorized Officer: Gregory Hale				<small>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,l=Auburn KY 42206, Date:11/22/2016</small> Date: 11/22/2016	
Printed name of Authorized Officer: Gregory Hale					
Title or position of Authorized Officer: General Manager/Executive V.P.					
Telephone number of Authorized Officer: 270-542-4121					
Study Area Code of Reporting Carrier	260413		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.					

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 				Date 12/13/2016
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)	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.				

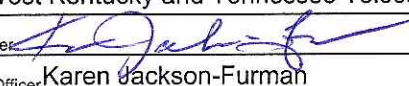
TO BE COMPLETED BY THE REPORTING CARRIER.

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>Peoples Rural Telephone Coop Corp Inc</u>			
Signature of Authorized Officer <u>Keith Gabbard</u>			Date <u>11-21-16</u>
Printed name of Authorized Officer <u>Keith Gabbard</u>			
Title or position of Authorized Officer <u>CEO</u>			
Telephone number of Authorized Officer: <u>606-287-7101</u> ext.			
Study Area Code of Reporting Carrier	<u>260415</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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: 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:11/22/2016	
Date: 11/22/2016					
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)	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.					

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>West Kentucky and Tennessee Telecommunications Cooperative</b>			
Signature of Authorized Officer 			Date <b>11.28.16</b>
Printed name of Authorized Officer <b>Karen Jackson-Furman</b>			
Title or position of Authorized Officer <b>CFO</b>			
Telephone number of Authorized Officer: <b>(270) 856-9988</b> ext.			
Study Area Code of Reporting Carrier	<b>260421</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: CAMERON TEL CO - LA					
Signature of Authorized Officer: Bruce Petry				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:11/17/2016	
Date: 11/17/2016					
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	270425		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.					

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:11/30/2016	
Date: 11/30/2016					
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)	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.					

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>Delcambre Telephone Company</b>			
Signature of Authorized Officer <i>Marcy Landry</i>			Date <b>12/14/16</b>
Printed name of Authorized Officer <b>Marcy Landry</b>			
Title or position of Authorized Officer <b>Accountant</b>			
Telephone number of Authorized Officer: <b>(337) 685-2311</b> ext.			
Study Area Code of Reporting Carrier	<b>270428</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: 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:11/17/2016	
Date: 11/17/2016					
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)	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.					

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 TEL CO					
Signature of Authorized Officer: Richard Constantin				Digitally signed by Richard Constantin DN:cn=Richard Constantin,email=rconstantin@ktcpce.com,O=kaplan tel co,l=Kaplan LA 70548-0369, Date:12/1/2016	
Date: 12/1/2016					
Printed name of Authorized Officer: Richard Constantin					
Title or position of Authorized Officer: Controller/Regulatory Manager					
Telephone number of Authorized Officer: 337-643-7171					
Study Area Code of Reporting Carrier	270432		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.					

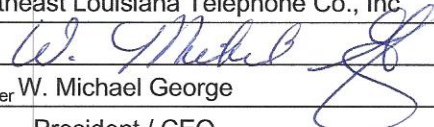
TO BE COMPLETED BY THE REPORTING CARRIER.

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 Telephone Company, LLC</b>				
Signature of Authorized Officer 				Date <b>12/13/2016</b>
Printed name of Authorized Officer <b>Peter Louviere</b>				
Title or position of Authorized Officer <b>CFO</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>12/19/2016</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	Northeast Louisiana Telephone Co., Inc		
Signature of Authorized Officer		Date	11/30/2016
Printed name of Authorized Officer	W. Michael George		
Title or position of Authorized Officer	President / CEO		
Telephone number of Authorized Officer:	(318) 874-7011, ext. _____		
Study Area Code of Reporting Carrier	270435	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.

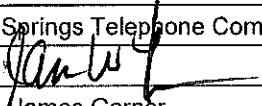
TO BE COMPLETED BY THE REPORTING CARRIER,

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, Inc.				
Signature of Authorized Officer <i>Annette A Faircloth</i>				Date 11/30/2016
Printed name of Authorized Officer Annette A. 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)	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.				

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: <span style="color: blue;">STAR TEL CO</span>					
Signature of Authorized Officer: <span style="color: blue;">Rebecca Knighten</span>				<small>Digitally signed by Rebecca Knighten DN: cn=Rebecca Knighten, email=rebeccaknighten@star.brcoxmail.com, O=star tel co,   = , Date: 11/17/2016</small> Date: <span style="color: blue;">11/17/2016</span>	
Printed name of Authorized Officer: <span style="color: blue;">Rebecca Knighten</span>					
Title or position of Authorized Officer: <span style="color: blue;">Controller</span>					
Telephone number of Authorized Officer: <span style="color: blue;">225-926-0191</span>					
Study Area Code of Reporting Carrier	<span style="color: blue;">270441</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">12/19/2016</span>	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>					

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 Bay Springs Telephone Company, Inc.			
Signature of Authorized Officer 			Date 12/7/2016
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)	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.			

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>Bruce Telephone Company</b>			
Signature of Authorized Officer 			Date <b>11/23/2016</b>
Printed name of Authorized Officer <b>Stephanie Hand</b>			
Title or position of Authorized Officer <b>Chief Financial Officer</b>			
Telephone number of Authorized Officer: <b>(601) 764-3463 ext.</b>			
Study Area Code of Reporting Carrier	<b>280447</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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:11/28/2016</small> Date: <b>11/28/2016</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>12/19/2016</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 DeltaTelephone Company, Inc.				
Signature of Authorized Officer 			Date 11/18/2016	
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)	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.				

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 Company, Inc.

Signature of Authorized Officer Wade H. Creekmore, Jr. Date 11/18/2016

Printed name of Authorized Officer Wade H. Creekmore, Jr.

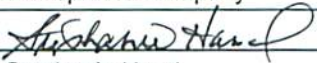
Title or position of Authorized Officer President

Telephone number of Authorized Officer: (601) 355-1522, ext.       

Study Area Code of Reporting Carrier	280454		Filing Due Date for this form (mm/dd/yyyy)	12/19/2016	
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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.

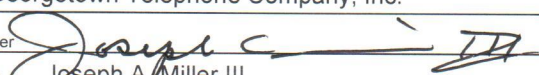
TO BE COMPLETED BY THE REPORTING CARRIER,

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 <b>Fulton Telephone Company</b>				
Signature of Authorized Officer 				Date <b>11/23/2016</b>
Printed name of Authorized Officer <b>Stephanie Hand</b>				
Title or position of Authorized Officer <b>Chief Financial Officer</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>12/19/2016</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 Georgetown Telephone Company, Inc.			
Signature of Authorized Officer 			Date 11/16/2016
Printed name of Authorized Officer Joseph A. Miller III			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (601) 858-2211, ext.			
Study Area Code of Reporting Carrier	280456	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.

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: LAKESIDE TEL. CO.					
Signature of Authorized Officer: Robert Sledge Jr.				Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:11/28/2016	
Date: 11/28/2016					
Printed name of Authorized Officer: Robert Sledge Jr.					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 662-569-3311					
Study Area Code of Reporting Carrier	280457		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.					

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>Noxapater Telephone Company</u>			
Signature of Authorized Officer <u><i>Charlotte Pearce</i></u>			Date <u>11/29/2016</u>
Printed name of Authorized Officer <u>Charlotte Pearce</u>			
Title or position of Authorized Officer <u>Vice-President</u>			
Telephone number of Authorized Officer: <u>(601) 764-3171</u> ext. <u></u>			
Study Area Code of Reporting Carrier	<u>280461</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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 Mound Bayou Telephone & Communications, Inc.				
Signature of Authorized Officer 			Date 11/23/2016	
Printed name of Authorized Officer Stephanie Hand				
Title or position of Authorized Officer Chief Financial Officer				
Telephone number of Authorized Officer: (601) 764-3463 ext.				
Study Area Code of Reporting Carrier	280462	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.				



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: SLEDGE TEL CO					
Signature of Authorized Officer: Robert Sledge Jr.				Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:11/28/2016	
Date: 11/28/2016					
Printed name of Authorized Officer: Robert Sledge Jr.					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 662-569-3311					
Study Area Code of Reporting Carrier	280466		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.					

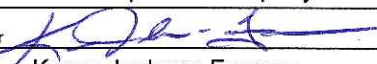
TO BE COMPLETED BY THE REPORTING CARRIER.

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: SMITHVILLE TEL CO					
Signature of Authorized Officer: Roger Thompson				Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=robert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:11/28/2016	
				Date: 11/28/2016	
Printed name of Authorized Officer: Roger Thompson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 662-651-4131					
Study Area Code of Reporting Carrier	280467		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.					

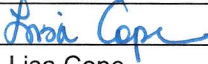
TO BE COMPLETED BY THE REPORTING CARRIER,

### 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>Ardmore Telephone Company</b>			
Signature of Authorized Officer: 			Date: <b>11.28.16</b>
Printed name of Authorized Officer: <b>Karen Jackson-Furman</b>			
Title or position of Authorized Officer: <b>CFO</b>			
Telephone number of Authorized Officer: <b>(270) 856-9988</b> ext.			
Study Area Code of Reporting Carrier	<b>290280</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</b>
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 Ben Lomand Rural Telephone Cooperative, Inc.			
Signature of Authorized Officer 			Date 11/17/2016
Printed name of Authorized Officer Lisa Cope			
Title or position of Authorized Officer General Manager / 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)	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.			

TO BE COMPLETED BY THE REPORTING CARRIER,

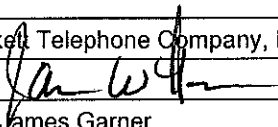
### Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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				Bledsoe Telephone Cooperative Corporation, Inc.	
Signature of Authorized Officer			<i>Charles H. Boring</i>		Date
					12/6/2016
Printed name of Authorized Officer			Charles H. Boring		
Title or position of Authorized Officer			General Manager		
Telephone number of Authorized Officer: ( 423-447-2121 1289					
Study Area Code of Reporting Carrier		290554	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.

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>12/7/2016</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>12/19/2016</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 Telephone Cooperative				
Signature of Authorized Officer <i>Joe Mitchell</i>			Date 12/06/2016	
Printed name of Authorized Officer Joe Mitchell				
Title or position of Authorized Officer Controller				
Telephone number of Authorized Officer: (615) 464-2254 ext.				
Study Area Code of Reporting Carrier	290562		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.				

**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 Telephone Cooperative, Inc.				
Signature of Authorized Officer 			Date 11/29/2016	
Printed name of Authorized Officer G. Mark Patterson				
Title or position of Authorized Officer Chief Executive Office / General Manager				
Telephone number of Authorized Officer: (423) 628-2121 ext.				
Study Area Code of Reporting Carrier	290565		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.				



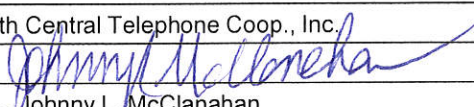
## Rate Floor Template

## Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

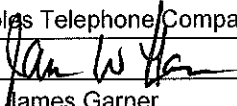
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <i>Loretto Telephone Company Inc.</i>			
Signature of authorized officer <i>Desda K. Hutchins</i>		Date <i>12/07/2016</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</i> ext.			
Study Area Code of Reporting Carrier <i>290570</i>		Filing Due Date for this form (mm/dd/yyyy)	<i>01/02/2017</i>
<input type="checkbox"/> I certify that our company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2016 and has no monthly residential rates (plus charges as defined) less than \$21.93.			

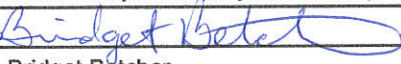
TO BE COMPLETED BY THE REPORTING CARRIER,

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 Central Telephone Coop., Inc.			
Signature of Authorized Officer 			Date November 29, 2016
Printed name of Authorized Officer Johnny L. McClanahan			
Title or position of Authorized Officer VP Finance and Administrative Services			
Telephone number of Authorized Officer: (615) 666-2151 ext.			
Study Area Code of Reporting Carrier	290573	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.			

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>12/7/2016</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>290576</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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.				

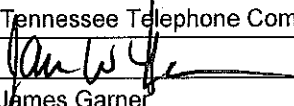
TO BE COMPLETED BY THE REPORTING CARRIER.

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>Twin Lakes Telephone Cooperative Corporation</b>			
Signature of Authorized Officer 			Date <b>11/18/2016</b>
Printed name of Authorized Officer <b>Bridget Betcher</b>			
Title or position of Authorized Officer <b>CFO</b>			
Telephone number of Authorized Officer: <b>(931) 268-2151</b> ext.			
Study Area Code of Reporting Carrier	<b>290579</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: UTC-TN-UNITED COMM					
Signature of Authorized Officer: Tommy Welch				Digitally signed by Tommy Welch DN:cn=Tommy Welch,email=twelch@utcoffice.net,O=utc-tn-united comm,l=Chapel Hill TN 37034, Date:12/1/2016	
Date: 12/1/2016					
Printed name of Authorized Officer: Tommy Welch					
Title or position of Authorized Officer: Director of Finance and Administration					
Telephone number of Authorized Officer: 931-364-4324					
Study Area Code of Reporting Carrier	290581		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.					

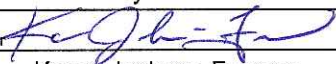
TO BE COMPLETED BY THE REPORTING CARRIER,

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 12/7/2016
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)	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.			

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>West Kentucky and Tennessee Telecommunications Cooperative - TN</b>			
Signature of Authorized Officer 			Date <b>11.28.16</b>
Printed name of Authorized Officer <b>Karen Jackson-Furman</b>			
Title or position of Authorized Officer <b>CFO</b>			
Telephone number of Authorized Officer: <b>(270) 856-9988</b> ext.			
Study Area Code of Reporting Carrier	<b>290598</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</b>
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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: THE ARTHUR MUTUAL					
Signature of Authorized Officer: Eric Roughton				Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual, Date:11/29/2016	
Date: 11/29/2016					
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)	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.					



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 Ayersville Telephone Company

Signature of Authorized Officer

*Phillip D. Maag*

Date 12/1/2016

Printed name of Authorized Officer Phillip D. Maag

Title or position of Authorized Officer Secretary-Treasurer

Telephone number of Authorized Officer: (419) 395-2222 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

300588

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.

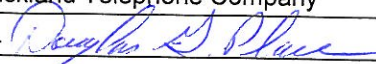
TO BE COMPLETED BY THE REPORTING CARRIER.

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: BASCOM MUTUAL TEL CO					
Signature of Authorized Officer: Kathy Reinhart				<small>Digitally signed by Kathy Reinhart DN:cn=Kathy Reinhart,email=kmr@bascomtelephone.com,O=bascom mutual tel co,l=Bascom OH 44809, Date:11/17/2016</small> Date: 11/17/2016	
Printed name of Authorized Officer: Kathy Reinhart					
Title or position of Authorized Officer: Assistant General Manager					
Telephone number of Authorized Officer: 419-937-2222					
Study Area Code of Reporting Carrier	300589		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.					

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: BENTON RIDGE TEL CO					
Signature of Authorized Officer: Martin Ellerbrock				Digitally signed by Martin Ellerbrock DN:cn=Martin Ellerbrock,email=martin@watchtv.net,O=benton ridge tel co,l= , Date:11/15/2016 Date: 11/15/2016	
Printed name of Authorized Officer: Martin Ellerbrock					
Title or position of Authorized Officer: General Manager & Corporate Secretary					
Telephone number of Authorized Officer: 419-859-2245					
Study Area Code of Reporting Carrier	300590		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.					

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>Buckland Telephone Company</b>				
Signature of Authorized Officer 				Date <b>12-14-16</b>
Printed name of Authorized Officer <b>Douglas G. Place</b>				
Title or position of Authorized Officer <b>General Manager</b>				
Telephone number of Authorized Officer: <b>(419) 657-2222</b> ext. _____				
Study Area Code of Reporting Carrier	<b>300591</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: 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:11/17/2016</small> Date: 11/17/2016	
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)	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.					

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>MCCLURE TEL CO</b>					
Signature of Authorized Officer: <b>Lance Miller</b>				<small>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel co,l=McClure OH 43534-0026, Date:12/1/2016</small> Date: <b>12/1/2016</b>	
Printed name of Authorized Officer: <b>Lance Miller</b>					
Title or position of Authorized Officer: <b>President</b>					
Telephone number of Authorized Officer: <b>419-748-8032</b>					
Study Area Code of Reporting Carrier	<b>300598</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>The Conneaut Telephone Co</b>			
Signature of Authorized Officer <i>Deanna Brown</i>			Date <b>12/14/16</b>
Printed name of Authorized Officer <b>Deanna Brown</b>			
Title or position of Authorized Officer <b>CFO</b>			
Telephone number of Authorized Officer: <b>(440) 593-7138</b> ext.			
Study Area Code of Reporting Carrier	<b>300606</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>Doylestown Telephone Company</u>			
Signature of Authorized Officer <u>Thomas J. Brockman</u>		Date <u>12/1/16</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>330) 658 2121 ext.</u>			
Study Area Code of Reporting Carrier	<u>300609</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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: FARMERS MUTUAL TEL					
Signature of Authorized Officer: Cheryl Bostelman				Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=farmers mutual tel,l= , Date:12/1/2016 Date: 12/1/2016	
Printed name of Authorized Officer: Cheryl Bostelman					
Title or position of Authorized Officer: Secretary/General Manager					
Telephone number of Authorized Officer: 419-758-3303					
Study Area Code of Reporting Carrier	300612		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.					

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 **Fort Jennings Telephone Company**

Signature of Authorized Officer  Date **12/14/2016**

Printed name of Authorized Officer **Michael A Metzger**

Title or position of Authorized Officer **Secretary/Treasurer**

Telephone number of Authorized Officer: **(419) 286-2181**, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>300614</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 <u>Glandorf Telephone Co., Inc.</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>12/14/16</u>
Printed name of Authorized Officer <u>David L. Hunt</u>			
Title or position of Authorized Officer <u>General Manager / Asst. Treas.</u>			
Telephone number of Authorized Officer: <u>(419) 538-6987</u> ext. <u>      </u>			
Study Area Code of Reporting Carrier	<u>300619</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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: KALIDA TEL CO					
Signature of Authorized Officer: Chris Phillips				<small>Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:11/18/2016</small> Date: 11/18/2016	
Printed name of Authorized Officer: Chris Phillips					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 419-532-3218					
Study Area Code of Reporting Carrier	300625		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.					

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: MIDDLE POINT HOME					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,lc=, Date:12/1/2016 Date: 12/1/2016	
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	300633		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.					

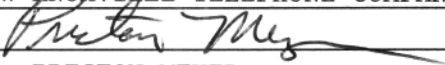
TO BE COMPLETED BY THE REPORTING CARRIER.

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: MINFORD TEL CO					
Signature of Authorized Officer: Paula McGraw				<small>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:11/21/2016</small> Date: 11/21/2016	
Printed name of Authorized Officer: Paula McGraw					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 740-820-2151					
Study Area Code of Reporting Carrier	300634		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.					

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 KNOXVILLE TELEPHONE COMPANY		
Signature of Authorized Officer		Date	12-14-2016
Printed name of Authorized Officer	PRESTON MEYER		
Title or position of Authorized Officer	ASSISTANT SECRETARY/TREASURER		
Telephone number of Authorized Officer:	( 419.753-5000		
Study Area Code of Reporting Carrier	300639	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.

TO BE COMPLETED BY THE REPORTING CARRIER.

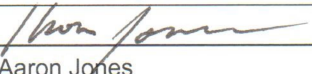
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
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@kcclenterprises.net,O=the nova tel co,l=Judson TX 75660, Date:11/17/2016</small> Date: 11/17/2016	
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)	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.					



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>OTTOVILLE MUTUAL</b></p>					
<p>Signature of Authorized Officer: <b>William Honigford</b></p>				<p>Digitally signed by William Honigford DN:cn=William Honigford,email=bilh@ottovillemutual.com,O=ottoville mutual,l=Ottoville OH 45876-0427, Date:11/16/2016</p>	
<p>Date: <b>11/16/2016</b></p>					
<p>Printed name of Authorized Officer: <b>William Honigford</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>419-453-3324</b></p>					
Study Area Code of Reporting Carrier	<b>300650</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 Pattersonville Telephone Co.				
Signature of Authorized Officer 				Date 12/14/2016
Printed name of Authorized Officer Aaron Jones				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (330) 895-4391 ext.				
Study Area Code of Reporting Carrier	300651		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.				

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: RIDGEVILLE TEL CO					
Signature of Authorized Officer: Matthew Eggers				Digitally signed by Matthew Eggers DN:cn=Matthew Eggers,email=olg1355@bright.net,O=ridgeville tel co,l=Ridgeville Corners OH 43555, Date:12/1/2016	
Date: 12/1/2016					
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					
Study Area Code of Reporting Carrier	300654		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.					

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 Telephone Association, Inc.	
Signature of Authorized Officer		Date 12/14/2016	
Printed name of Authorized Officer		Richard R Rostorfer	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer:		(419) 899-2121 ext.	
Study Area Code of Reporting Carrier	300656	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.			

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: SYCAMORE TEL CO					
Signature of Authorized Officer: Richard Ekleberry II				Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycltelco.com,O=sycamore tel co,l= , Date:12/1/2016 Date: 12/1/2016	
Printed name of Authorized Officer: Richard Ekleberry II					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 419-927-6012					
Study Area Code of Reporting Carrier	300658		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.					

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>TELEPHONE SERVICE</b>					
Signature of Authorized Officer: <b>Bruce Hanson</b>				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:12/1/2016</small> Date: <b>12/1/2016</b>	
Printed name of Authorized Officer: <b>Bruce Hanson</b>					
Title or position of Authorized Officer: <b>Treasurer</b>					
Telephone number of Authorized Officer: <b>320-847-2211</b>					
Study Area Code of Reporting Carrier	<b>300659</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>Vaughnsville Telephone Company</b>			
Signature of Authorized Officer <i>Martha J. Kaplan</i>			Date <b>12/14/16</b>
Printed name of Authorized Officer <b>Martha J. Kaplan</b>			
Title or position of Authorized Officer <b>Secretary-Treasurer</b>			
Telephone number of Authorized Officer: <b>(419) 646-3431</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>300663</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 <u>Wabash Mutual Telephone</u>				
Signature of Authorized Officer <u>[Signature]</u>				Date <u>12-14-16</u>
Printed name of Authorized Officer <u>Michael Boley</u>				
Title or position of Authorized Officer <u>President / CEO</u>				
Telephone number of Authorized Officer: <u>419 942 1111</u> ext. <u>9410</u>				
Study Area Code of Reporting Carrier	<u>30-0664</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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>					
Name of Reporting Carrier: <b>ALLBAND COMM COOP</b>					
Signature of Authorized Officer: <b>Ron Siegel</b>				<small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop, Date:12/1/2016</small> Date: <b>12/1/2016</b>	
Printed name of Authorized Officer: <b>Ron Siegel</b>					
Title or position of Authorized Officer: <b>General Manager</b>					
Telephone number of Authorized Officer: <b>989-369-9999</b>					
Study Area Code of Reporting Carrier	<b>310542</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</b>	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>					

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 Baraga Telephone Company Inc.				
Signature of Authorized Officer 				Date 11/28/2016
Printed name of Authorized Officer Paul W. Stark				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (906) 353-6644 ext.				
Study Area Code of Reporting Carrier	310675	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.				

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: BARRY COUNTY TEL CO					
Signature of Authorized Officer: David Stoll				<small>Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,l=Delton MI 49046, Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: David Stoll					
Title or position of Authorized Officer: GM/CEO					
Telephone number of Authorized Officer: 269-623-9971					
Study Area Code of Reporting Carrier	310676		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.					

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>Blanchard Telephone Co.</b>				
Signature of Authorized Officer <i>Betsy A. Ashbaugh</i>			Date <b>11/16/16</b>	
Printed name of Authorized Officer <b>Betsy A Ashbaugh</b>				
Title or position of Authorized Officer <b>General Manager</b>				
Telephone number of Authorized Officer: <b>(989) 561-9930</b> ext.				
Study Area Code of Reporting Carrier	<b>310678</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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.

<p align="center"><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>BLOOMINGDALE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Steve Shults</b></p>				<p>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel co, Date:12/6/2016</p>	
<p>Date: <b>12/6/2016</b></p>					
<p>Printed name of Authorized Officer: <b>Steve Shults</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>269-521-7313</b></p>					
Study Area Code of Reporting Carrier	<b>310679</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>CARR TELEPHONE COMPANY</b>				
Signature of Authorized Officer <i>Teresa Bogner</i>			Date <b>11-18-2016</b>	
Printed name of Authorized Officer <b>TERESA BOGNER</b>				
Title or position of Authorized Officer <b>SECRETARY</b>				
Telephone number of Authorized Officer: ( ) - . ext. <b>231-898-2244</b>				
Study Area Code of Reporting Carrier <b>310683</b>		Filing Due Date for this form (mm/dd/yyyy) <b>12/19/2016</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: CLIMAX TEL CO					
Signature of Authorized Officer: Stacey Hamlin				<small>Digitally signed by Stacey Hamlin DN:cn=Stacey Hamlin,email=shamlin@ctstelecom.com,O=climax tel co,l=Climax MI 49034, Date:12/6/2016</small> Date: 12/6/2016	
Printed name of Authorized Officer: Stacey Hamlin					
Title or position of Authorized Officer: President and Ceo					
Telephone number of Authorized Officer: 269-746-4411					
Study Area Code of Reporting Carrier	310688		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.					

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>Deerfield Farmers Telephone Co</u>			
Signature of Authorized Officer <u><i>David LaRocca</i></u>			Date <u>11/29/16</u>
Printed name of Authorized Officer <u>David LaRocca</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(734) 279-5510</u> ext.			
Study Area Code of Reporting Carrier	<u>310691</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</u>

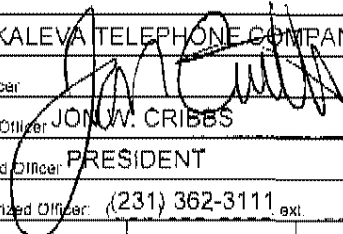
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



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: FARMERS DBA CHAPIN					
Signature of Authorized Officer: Greg Ringle				Digitally signed by Greg Ringle DN:cn=Greg Ringle,email=chapintel@4cld.net,O=farmers dba chapin,lc=, Date:11/22/2016 Date: 11/22/2016	
Printed name of Authorized Officer: Greg Ringle					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 989-661-2476					
Study Area Code of Reporting Carrier	310694		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.					

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 12/02/2016
Printed name of Authorized Officer JON W. CRIBBS			
Title or position of Authorized Officer PRESIDENT			
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)	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.			

Attn: Laurie De Bear

2 pgs



KTC

12-1-16

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: <span style="color: blue;">ACE TEL OF MICHIGAN</span>					
Signature of Authorized Officer: <span style="color: blue;">Todd Roesler</span>				<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:11/21/2016</small> Date: <span style="color: blue;">11/21/2016</span>	
Printed name of Authorized Officer: <span style="color: blue;">Todd Roesler</span>					
Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">507-896-6292</span>					
Study Area Code of Reporting Carrier	310704		Filing Due Date for this form (mm/dd/yyyy)	12/19/2016	
<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.</b>					

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>Lennon Telephone Company</b>			
Signature of Authorized Officer <i>Jacqueline Bowden</i>			Date <i>11/17/16</i>
Printed name of Authorized Officer <b>Jacqueline Bowden</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(810) 621-3301 ext.</b>			
Study Area Code of Reporting Carrier	<b>310708</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 Midway Telephone Company

Signature of Authorized Officer *Camie Nebel Conklin* Date 11/16/16

Printed name of Authorized Officer Camie Nebel Conklin

Title or position of Authorized Officer V.P./ Chief Financial Officer

Telephone number of Authorized Officer: (906) 387-0054 ext.

Study Area Code of Reporting Carrier	310711		Filing Due Date for this form (mm/dd/yyyy)	12/19/2016	
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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 **Hiawatha Telephone Company**

Signature of Authorized Officer *Camie Nebel Conklin* Date **11/16/16**

Printed name of Authorized Officer **Camie Nebel Conklin**

Title or position of Authorized Officer **V.P./ Chief Financial Officer**

Telephone number of Authorized Officer: **(906) 387-0054** ext.

Study Area Code of Reporting Carrier	<b>310713</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>Ogden Telephone Company</b>			
Signature of Authorized Officer <i>Linda K. Corie</i>			Date <b>11/16/2016</b>
Printed name of Authorized Officer <b>Linda K. Corie</b>			
Title or position of Authorized Officer <b>Secretary-Treasurer</b>			
Telephone number of Authorized Officer: <b>(517) 443-5595</b> , ext.			
Study Area Code of Reporting Carrier	<b>310714</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 Ontonagon County Telephone Company

Signature of Authorized Officer Camie Nebel Conklin Date 11/16/16

Printed name of Authorized Officer Camie Nebel Conklin

Title or position of Authorized Officer V.P./ Chief Financial Officer

Telephone number of Authorized Officer: (906) 387-0054 ext.       


Study Area Code of Reporting Carrier	310717		Filing Due Date for this form (mm/dd/yyyy)	12/19/2016
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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.



## APPENDIX A

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>Pigeon Telephone Company</b>			
Signature of Authorized Officer 			Date <b>11/15/2016</b>
Printed name of Authorized Officer <b>Neal B. Eichler</b>			
Title or position of Authorized Officer <b>Vice President</b>			
Telephone number of Authorized Officer: <b>(989) 453-4391</b> , ext.			
Study Area Code of Reporting Carrier	<b>310721</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: SAND CREEK TEL CO					
Signature of Authorized Officer: Harvey Souders				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:11/30/2016 Date: 11/30/2016	
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)	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.					

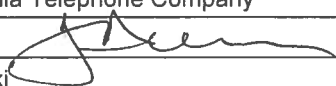
TO BE COMPLETED BY THE REPORTING CARRIER.

<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: <span style="color: blue;">SPRINGPORT TEL CO</span>					
Signature of Authorized Officer: <span style="color: blue;">Mark Cutler</span>				<small>Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel co,l=Springport MI 49284-0208, Date:12/1/2016</small> Date: <span style="color: blue;">12/1/2016</span>	
Printed name of Authorized Officer: <span style="color: blue;">Mark Cutler</span>					
Title or position of Authorized Officer: <span style="color: blue;">Accountant</span>					
Telephone number of Authorized Officer: <span style="color: blue;">517-857-3100</span>					
Study Area Code of Reporting Carrier	<span style="color: blue;">310728</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">12/19/2016</span>	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

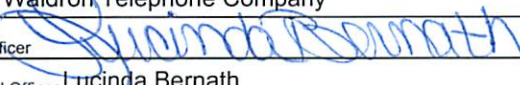
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <b>Upper Peninsula Telephone Company</b>			
Signature of Authorized Officer 			Date <b>12/08/2016</b>
Printed name of Authorized Officer <b>John Aoki</b>			
Title or position of Authorized Officer <b>Treasurer</b>			
Telephone number of Authorized Officer: <b>(801) 589-7790</b> ext. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>			
Study Area Code of Reporting Carrier	<b>310732</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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,

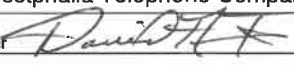
### Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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.

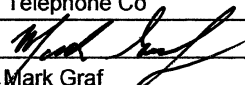
Name of Reporting Carrier <b>Waldron Telephone Company</b>			
Signature of Authorized Officer 			Date <b>11-18-16</b>
Printed name of Authorized Officer <b>Lucinda Bernath</b>			
Title or position of Authorized Officer <b>Vice President</b>			
Telephone number of Authorized Officer: <b>(517) 286-6211</b> ext.			
Study Area Code of Reporting Carrier	<b>310734</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>Westphalia Telephone Company</b>			
Signature of Authorized Officer 			Date <b>11/16/16</b>
Printed name of Authorized Officer <b>David Fox</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(989) 587-5000</b> ext.			
Study Area Code of Reporting Carrier	<b>310735</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 Winn Telephone Co			
Signature of Authorized Officer 			Date 12/2/16
Printed name of Authorized Officer Mark Graf			
Title or position of Authorized Officer Manager			
Telephone number of Authorized Officer: (989) 953-9876 ext.			
Study Area Code of Reporting Carrier	310737	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.			

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: ACE-MI OLD MISSION					
Signature of Authorized Officer: Todd Roesler				<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:11/21/2016</small> Date: 11/21/2016	
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	310777		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.					



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 **Michigan Central Broadband Company**

Signature of Authorized Officer 

Date **12/08/2016**

Printed name of Authorized Officer **John Aoki**

Title or position of Authorized Officer **Treasurer**

Telephone number of Authorized Officer: **(801) 589-7790** ext.

Study Area Code of Reporting Carrier

**310785**

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.

## 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 BLOOMINGDALE HOME TELEPHONE COMPANY, INC.

Signature of Authorized Officer *Ronja Branson*

Date DECEMBER 2, 2016

Printed name of Authorized Officer RONJA BRANSON

Title or position of Authorized Officer DIRECTOR-MANAGER

Telephone number of Authorized Officer: ( 765 ) 498 -2000, ext. \_ \_ \_ \_ \_

Study Area Code of Reporting Carrier 320742

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

12-19-2016

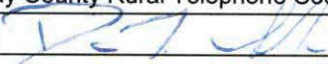
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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: CITIZENS TEL CORP					
Signature of Authorized Officer: Joan Paxson				Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citznet.com,O=citizens tel corp,l=Warren IN 46792, Date:11/29/2016 Date: 11/29/2016	
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)	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.					

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. d/b/a Endeavor Communications</b>			
Signature of Authorized Officer 			Date <b>12/1/16</b>
Printed name of Authorized Officer <b>Darin LaCoursiere</b>			
Title or position of Authorized Officer <b>CEO &amp; President</b>			
Telephone number of Authorized Officer: <b>(765) 795-4261</b> ext.			
Study Area Code of Reporting Carrier	<b>320753</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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				Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel co,l=Craigville IN 46731, Date:11/25/2016	
				Date: 11/25/2016	
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)	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.					

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:11/17/2016	
Date: 11/17/2016					
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)	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.					

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: GEETINGSVILLE TEL CO					
Signature of Authorized Officer: Steve Scott				Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,l=, Date:12/1/2016 Date: 12/1/2016	
Printed name of Authorized Officer: Steve Scott					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 765-258-3111					
Study Area Code of Reporting Carrier	320771		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.					

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 Ligonier Telephone Company, Inc.

Signature of Authorized Officer 

Date Nov 21, 2016

Printed name of Authorized Officer Donald E. Johnson

Title or position of Authorized Officer Secretary

Telephone number of Authorized Officer: (260) 894-7161, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier 320783

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.



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: MONON TEL CO					
Signature of Authorized Officer: Bruce Hanway				<small>Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel co,l=Monon IN 47959, Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Bruce Hanway					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 219-253-6601					
Study Area Code of Reporting Carrier	320790		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.					

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 **Mulberry Cooperative Telephone Co., Inc.**

Signature of Authorized Officer *Randy Maish*

Date **11/30/2016**

Printed name of Authorized Officer **Randy Maish**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer: **(765) 296-2885**, ext.

Study Area Code of Reporting Carrier **320792**

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.

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 LISBON TEL CO					
Signature of Authorized Officer: John Greene				Digitally signed by John Greene DN:cn=John Greene,email=jgreene@nlc.net,O=new lisbon tel co,l=New Lisbon IN 47366, Date:11/21/2016	
Date: 11/21/2016					
Printed name of Authorized Officer: John Greene					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 765-332-2413					
Study Area Code of Reporting Carrier	320796		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.					

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:12/1/2016</small> Date: 12/1/2016	
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)	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.					

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: NORTHWESTERN INDIANA					
Signature of Authorized Officer: Thomas Long				Digitally signed by Thomas Long DN:cn=Thomas Long,email=tlong@nitco.com,O=northwestern indiana,l=Hebron IN 46341, Date:11/18/2016	
Date: 11/18/2016					
Printed name of Authorized Officer: Thomas Long					
Title or position of Authorized Officer: COO					
Telephone number of Authorized Officer: 219-996-2981					
Study Area Code of Reporting Carrier	320800		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.					

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>Perry-Spencer Rural Telephone Cooperative, Inc</b>				
Signature of Authorized Officer 				Date <b>12/1/2016</b>
Printed name of Authorized Officer <b>James M. Dauby</b>				
Title or position of Authorized Officer <b>President &amp; CEO</b>				
Telephone number of Authorized Officer: <b>(812) 357-2123</b> ext.				
Study Area Code of Reporting Carrier	<b>320807</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: PULASKI-WHITE RURAL					
Signature of Authorized Officer: Mark Dickerson				<small>Digitally signed by Mark Dickerson DN:cn=Mark Dickerson,email=mdickerson@pwrtec.net,O=pulaski-white rural,l=Buffalo IN 47925, Date:11/21/2016</small> Date: 11/21/2016	
Printed name of Authorized Officer: Mark Dickerson					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 574-278-7121					
Study Area Code of Reporting Carrier	320813		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.					

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: ROCHESTER TEL CO					
Signature of Authorized Officer: Greta Lynch				<small>Digitally signed by Greta Lynch DN:cn=Greta Lynch,email=greta.lynn@rtc1.com,O=rochester tel co,l=Rochester IN 46975-0507, Date:11/15/2016</small> Date: 11/15/2016	
Printed name of Authorized Officer: Greta Lynch					
Title or position of Authorized Officer: VP-Finance					
Telephone number of Authorized Officer: 574-223-0238					
Study Area Code of Reporting Carrier	320815		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.					



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 *Anthony Clark* Date 11/21/2016

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)	12/19/2016	
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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: <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:11/28/2016</small> Date: <b>11/28/2016</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>12/19/2016</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.

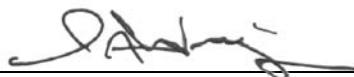
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SWAYZEE TEL CO					
Signature of Authorized Officer: Timothy Miles				Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel co,l= , Date:12/1/2016 Date: 12/1/2016	
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)	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 or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA**

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Sweetser Telephone Co., Inc.**

Signature of authorized officer or employee



Date **12/06/2016**

Printed name of authorized officer or employee **Scott A Winger**

Title or position of authorized officer or employee **President**

Telephone number of authorized officer or employee: ( **765** ) **384** - **4311** , ext.

Study Area Code of Reporting Carrier

**320827**

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

**12/19/2016**

**Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 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 or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA**

**I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.**

Name of Reporting Carrier **Washington County Rural Telephone Cooperative**

Signature of authorized officer or employee  Date **12.02.2016**

Printed name of authorized officer or employee **Michael K. Harian**

Title or position of authorized officer or employee **General Manager**

Telephone number of authorized officer or employee: ( **812** ) **967** - **5501** , ext.

Study Area Code of Reporting Carrier	<b>320834</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</b>	
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**Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 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:11/21/2016 Date: 11/21/2016	
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)	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.					

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: AMERY TELCOM, INC.					
Signature of Authorized Officer: Michael Jensen				Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc.,l= , Date:11/30/2016 Date: 11/30/2016	
Printed name of Authorized Officer: Michael Jensen					
Title or position of Authorized Officer: President & General Manager					
Telephone number of Authorized Officer: 715-268-7101					
Study Area Code of Reporting Carrier	330842		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.					

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 **AMHERST TELEPHONE COMPANY**

Signature of Authorized Officer

*Carl F. Bohman*Date **11/29/2016**Printed name of Authorized Officer **CARL F. BOHMAN**Title or position of Authorized Officer **PRESIDENT**Telephone number of Authorized Officer: **(715) 824-5529** ext.

Study Area Code of Reporting Carrier

**330843**Filing Due Date for this form  
(mm/dd/yyyy)**12/19/2016**

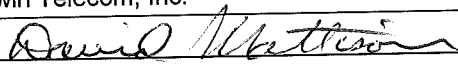
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



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>12/7/2016</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>12/19/2016</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:12/7/2016</small> Date: 12/7/2016	
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)	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.					

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:12/1/2016</small> Date: <b>12/1/2016</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>12/19/2016</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:11/21/2016</small> Date: 11/21/2016	
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)	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.					

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: BRUCE TEL CO, INC					
Signature of Authorized Officer: John Manosky				<small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc, Date:11/21/2016</small> Date: 11/21/2016	
Printed name of Authorized Officer: John Manosky					
Title or position of Authorized Officer: President & General Manager					
Telephone number of Authorized Officer: 715-868-5111					
Study Area Code of Reporting Carrier	330855		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.					

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: CHEQUAMEGON COM COOP					
Signature of Authorized Officer: Ray Schindler				<small>Digitally signed by Ray Schindler DN:cn=Ray Schindler,email=rschindler@norvado.com,O=chequamegon com coop,lc= , Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Ray Schindler					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 715-798-3303					
Study Area Code of Reporting Carrier	330860		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.					

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:11/30/2016	
Date: 11/30/2016					
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)	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.					

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:11/22/2016	
Date: 11/22/2016					
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)	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.					



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: <span style="color: blue;">CLEAR LAKE TEL CO-WI</span>					
Signature of Authorized Officer: <span style="color: blue;">Tim Kusilek</span>				<div style="font-size: small; color: blue;"> Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake tel co-wi,j=Clear Lake WI 54005, Date:11/21/2016 </div>	
Date: <span style="color: blue;">11/21/2016</span>					
Printed name of Authorized Officer: <span style="color: blue;">Tim Kusilek</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">715-263-2755</span>					
Study Area Code of Reporting Carrier	330865		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.					

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: COCHRANE COOP TEL CO					
Signature of Authorized Officer: Gina Tomlinson				<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:11/28/2016</small> Date: 11/28/2016	
Printed name of Authorized Officer: Gina Tomlinson					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 608-248-2323					
Study Area Code of Reporting Carrier	330866		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.					

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: COON VALLEY FARMERS					
Signature of Authorized Officer: Carol Olson				<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:11/21/2016</small> Date: 11/21/2016	
Printed name of Authorized Officer: Carol Olson					
Title or position of Authorized Officer: Assistant Secretary Treasurer					
Telephone number of Authorized Officer: 608-452-3101					
Study Area Code of Reporting Carrier	330868		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.					

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: CUBA CITY EXCHANGE					
Signature of Authorized Officer: Deb Egli				Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city exchange,l=Cuba City WI 53807, Date:12/7/2016	
Date: 12/7/2016					
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	330872		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.					

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 INDEPENDENT					
Signature of Authorized Officer: Mark Anderson				Digitally signed by Mark Anderson DN:cn=Mark Anderson,email=mark@grantsburgtelcom.com,O=farmers independent,l=Grantsburg WI 54840-0447, Date:11/22/2016 Date: 11/22/2016	
Printed name of Authorized Officer: Mark Anderson					
Title or position of Authorized Officer: General Manager and Compliance Officer					
Telephone number of Authorized Officer: 715-463-5322					
Study Area Code of Reporting Carrier	330879		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.					

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: HILLSBORO TEL CO					
Signature of Authorized Officer: Carla Shaker				Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel co,l=Hillsboro WI 54634-0427, Date:11/22/2016	
Date: 11/22/2016					
Printed name of Authorized Officer: Carla Shaker					
Title or position of Authorized Officer: Secretary/Treasurer/Office Mgr.					
Telephone number of Authorized Officer: 608-489-2100					
Study Area Code of Reporting Carrier	330892		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.					

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:11/21/2016</small> Date: 11/21/2016	
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)	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.					

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:11/30/2016	
Date: 11/30/2016					
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)	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.					



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				Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=Donna.Rezin@getlynxx.com,O=lemonweir valley tel,l=Camp Douglas WI 54618, Date:11/16/2016	
Date: 11/16/2016					
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)	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.					

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:11/30/2016</small> Date: 11/30/2016	
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)	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.					

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>MANAWA TEL CO INC</b>			
Signature of Authorized Officer <i>Gregory Krings</i>			Date <b>11/16/2016</b>
Printed name of Authorized Officer <b>GREGORY KRINGS</b>			
Title or position of Authorized Officer <b>TREASURER</b>			
Telephone number of Authorized Officer: <b>(715) 421-8129</b> ext.			
Study Area Code of Reporting Carrier	<b>330905</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: MARQUETTE-ADAMS COOP					
Signature of Authorized Officer: Jerry Schneider				Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquett e-adams coop,l=Oxford WI 53952, Date:12/1/2016 Date: 12/1/2016	
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)	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.					

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-MILLTOWN					
Signature of Authorized Officer: Crystal Morley				<small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland-milltown, I=Milltown WI 54858, Date:11/30/2016</small> Date: 11/30/2016	
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	330910		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.					

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: NELSON COMM COOP					
Signature of Authorized Officer: Christy Berger				<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:11/21/2016</small> Date: 11/21/2016	
Printed name of Authorized Officer: Christy Berger					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 715-672-4204					
Study Area Code of Reporting Carrier	330918		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.					

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:11/21/2016</small> Date: 11/21/2016	
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)	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.					

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: BAYLAND TEL, LLC					
Signature of Authorized Officer: Robert Webb				<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:11/21/2016</small> Date: 11/21/2016	
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	330925		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.					



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 **Indianahead Telephone Company**

Signature of Authorized Officer



Date **11/30/2016**

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)

**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 or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA**

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Price County Telephone Company**

Signature of authorized officer or employee *Catherine Mess* Date **12/05/2016**

Printed name of authorized officer or employee **Catherine Mess**

Title or position of authorized officer or employee **President**

Telephone number of authorized officer or employee: ( 715 ) 339 - 2151 , ext.

Study Area Code of Reporting Carrier	<b>330937</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</b>
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Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 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 TEL CO</b>					
Signature of Authorized Officer: <b>Robert Webb</b>				<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:11/21/2016</small> Date: <b>11/21/2016</b>	
Printed name of Authorized Officer: <b>Robert Webb</b>					
Title or position of Authorized Officer: <b>Vice President/COO</b>					
Telephone number of Authorized Officer: <b>920-617-7351</b>					
Study Area Code of Reporting Carrier	<b>330938</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: RICHLAND-GRANT COOP					
Signature of Authorized Officer: John Bartz				<small>Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mwt.net,O=richland-grant coop,l=Blue River WI 53518, Date:11/29/2016</small> Date: 11/29/2016	
Printed name of Authorized Officer: John Bartz					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 608-537-2461					
Study Area Code of Reporting Carrier	330942		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.					

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: SHARON TEL CO					
Signature of Authorized Officer: Brad Ellefson				Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel co,l=Sharon WI 53585, Date:12/1/2016	
Date: 12/1/2016					
Printed name of Authorized Officer: Brad Ellefson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 262-736-9981					
Study Area Code of Reporting Carrier	330946		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.					

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: SIREN TEL CO, INC					
Signature of Authorized Officer: Sid Sherstad				Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel co, inc,l=Siren WI 54872-0426, Date:11/21/2016 Date: 11/21/2016	
Printed name of Authorized Officer: Sid Sherstad					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 715-349-2224					
Study Area Code of Reporting Carrier	330949		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.					

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>SOMERSET TEL CO</b>					
Signature of Authorized Officer: <b>Michael Jensen</b>				<small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,l= , Date:11/30/2016</small> Date: <b>11/30/2016</b>	
Printed name of Authorized Officer: <b>Michael Jensen</b>					
Title or position of Authorized Officer: <b>President &amp; General Manager</b>					
Telephone number of Authorized Officer: <b>715-268-7101</b>					
Study Area Code of Reporting Carrier	<b>330951</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>SPRING VALLEY TEL CO</b>					
Signature of Authorized Officer: <b>Carol Anderson</b>				<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:11/21/2016</small> Date: <b>11/21/2016</b>	
Printed name of Authorized Officer: <b>Carol Anderson</b>					
Title or position of Authorized Officer: <b>Assistant Manager/Assistant Secretary</b>					
Telephone number of Authorized Officer: <b>715-778-4433</b>					
Study Area Code of Reporting Carrier	<b>330953</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: TRI-COUNTY COMM COOP					
Signature of Authorized Officer: Cheryl Rue				<small>Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county comm coop,l=Strum WI 54770, Date:11/21/2016</small> Date: 11/21/2016	
Printed name of Authorized Officer: Cheryl Rue					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 715-695-2691					
Study Area Code of Reporting Carrier	330960		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.					

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:11/22/2016</small> Date: 11/22/2016	
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)	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.					

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: VERNON COMM. COOP.					
Signature of Authorized Officer: Rodney Olson				Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon comm. coop.,l=Westby WI 54667, Date:11/21/2016 Date: 11/21/2016	
Printed name of Authorized Officer: Rodney Olson					
Title or position of Authorized Officer: CEO & General Manager					
Telephone number of Authorized Officer: 608-634-7421					
Study Area Code of Reporting Carrier	330966		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.					

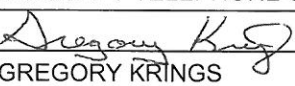
TO BE COMPLETED BY THE REPORTING CARRIER.

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: W. WISCONSIN TELCOM					
Signature of Authorized Officer: Mark Stenseth				<small>Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=w. wisconsin telecom,l=Downsville WI 54735, Date:11/22/2016</small> Date: 11/22/2016	
Printed name of Authorized Officer: Mark Stenseth					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 715-664-8311					
Study Area Code of Reporting Carrier	330971		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.					


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: WITTENBERG TEL CO					
Signature of Authorized Officer: Linda Garbelman				<small>Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@cirrinity.net,O=wittenberg tel co,l=Wittenberg WI 54499, Date:11/23/2016</small> Date: 11/23/2016	
Printed name of Authorized Officer: Linda Garbelman					
Title or position of Authorized Officer: CFO/Treasurer					
Telephone number of Authorized Officer: 715-253-2115					
Study Area Code of Reporting Carrier	330973		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.					

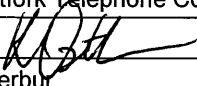
TO BE COMPLETED BY THE REPORTING CARRIER,

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>WOOD COUNTY TELEPHONE COMPANY</b>			
Signature of Authorized Officer 			Date <b>11/16/2016</b>
Printed name of Authorized Officer <b>GREGORY KRINGS</b>			
Title or position of Authorized Officer <b>DIRECTOR OF FINANCE</b>			
Telephone number of Authorized Officer: <b>(715) 421-8129</b> ext.			
Study Area Code of Reporting Carrier	<b>330974</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 Adams Telephone Co-Operative				
Signature of Authorized Officer 				Date 11/17/2016
Printed name of Authorized Officer James W. Broemmer, Jr.				
Title or position of Authorized Officer Chief Executive Officer				
Telephone number of Authorized Officer: (217) 696-4411, ext.				
Study Area Code of Reporting Carrier	340976		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.				

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>Alhambra-Grantfork Telephone Company</b>			
Signature of Authorized Officer 			Date <b>12/1/16</b>
Printed name of Authorized Officer <b>Kevin Osterbur</b>			
Title or position of Authorized Officer <b>Manager</b>			
Telephone number of Authorized Officer: <b>(618) 488-2165</b> ext.			
Study Area Code of Reporting Carrier	<b>340978</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: CAMBRIDGE TEL CO -IL					
Signature of Authorized Officer: Scott Rubins				<small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=cambridge tel co -il,=Geneseo IL 61254-0330, Date:11/30/2016</small> Date: 11/30/2016	
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)	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.					

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: CASS TEL CO					
Signature of Authorized Officer: Tom Allen				<small>Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,l=Virginia IL 62691, Date:12/1/2016</small> Date: 12/1/2016	
Printed name of Authorized Officer: Tom Allen					
Title or position of Authorized Officer: Vice President/Chief Operating Officer					
Telephone number of Authorized Officer: 217-452-7800					
Study Area Code of Reporting Carrier	340984		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.					

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>CLARKSVILLE MUTUAL TELEPHONE CO.</b>			
Signature of Authorized Officer <i>Patricia Rhoads</i>			Date <b>11-30-16</b>
Printed name of Authorized Officer <b>PATRICIA RHODES</b>			
Title or position of Authorized Officer <b>SEC - TREAS</b>			
Telephone number of Authorized Officer: <b>217 889-3822</b>			
Study Area Code of Reporting Carrier	<b>340990</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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.

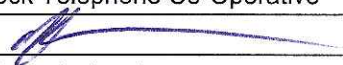
Name of Reporting Carrier <b>Crossville Telephone Company, Inc.</b>			
Signature of Authorized Officer <i>Chris Birkla</i>			Date <b>11/30/2016</b>
Printed name of Authorized Officer <b>Chris Birkla</b>			
Title or position of Authorized Officer <b>Assistant Secretary / Treasurer</b>			
Telephone number of Authorized Officer: <b>(618) 966-2196</b> ext. _____			
Study Area Code of Reporting Carrier	<b>340993</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: Egyptian Telephone Cooperative			
Signature of Authorized Officer: 			Date: 11.28.16
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)	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.			

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>Flat Rock Telephone Co-Operative</b>			
Signature of Authorized Officer 			Date <b>11.28.16</b>
Printed name of Authorized Officer <b>Kevin J. Jacobsen</b>			
Title or position of Authorized Officer <b>Executive Vice-President</b>			
Telephone number of Authorized Officer: <b>(618) 774-1000</b> ext. _____			
Study Area Code of Reporting Carrier	<b>341012</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>GENESEO TEL CO</b>					
Signature of Authorized Officer: <b>Scott Rubins</b>				<small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=geneseo tel co,l=Geneseo IL 61254-0330, Date:11/30/2016</small> Date: <b>11/30/2016</b>	
Printed name of Authorized Officer: <b>Scott Rubins</b>					
Title or position of Authorized Officer: <b>President</b>					
Telephone number of Authorized Officer: <b>309-944-2103</b>					
Study Area Code of Reporting Carrier	<b>341016</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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.					

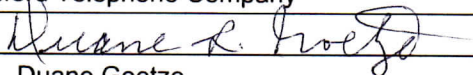
TO BE COMPLETED BY THE REPORTING CARRIER,

**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 **Glasford Telephone Company**

Signature of Authorized Officer

Date **11/30/2016**

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)**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.



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>11/30/2016</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>12/19/2016</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.

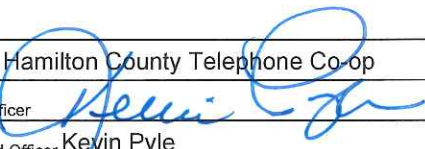
Name of Reporting Carrier <u>Grandview Mutual Tole</u>			
Signature of Authorized Officer <u>Angela Tate</u>			Date <u>12-5-16</u>
Printed name of Authorized Officer <u>Angela Tate</u>			
Title or position of Authorized Officer <u>TREASURER</u>			
Telephone number of Authorized Officer: <u>917) 946-4101</u> ext.			
Study Area Code of Reporting Carrier	<u>341021</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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: GRIDLEY TEL CO					
Signature of Authorized Officer: Herb Flesher				Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel co,l=Gridley IL 61744-0129, Date:11/18/2016	
Date: 11/18/2016					
Printed name of Authorized Officer: Herb Flesher					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 309-747-3780					
Study Area Code of Reporting Carrier	341023		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.					

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 Hamilton County Telephone Co-op			
Signature of Authorized Officer 			Date 12/01/2016
Printed name of Authorized Officer Kevin Pyle			
Title or position of Authorized Officer GM/EVP			
Telephone number of Authorized Officer: (618) 736-2211 ext.			
Study Area Code of Reporting Carrier	341024	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.			

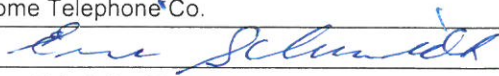
TO BE COMPLETED BY THE REPORTING CARRIER.

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				Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee tel. co.,l=Equality IL 62934, Date:12/1/2016 Date: 12/1/2016	
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)	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.					

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: HENRY COUNTY TEL CO					
Signature of Authorized Officer: Scott Rubins				<small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=henry county tel co,l=Geneseo IL 61254-0330, Date:11/30/2016</small> Date: 11/30/2016	
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	341029		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.					

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 11/21/2016
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)	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.				

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>Kinsman Mutual Telephone Co.</u>			
Signature of Authorized Officer <u>Michelle Baudino</u>		Date <u>11/30/16</u>	
Printed name of Authorized Officer <u>Michelle Baudino</u>			
Title or position of Authorized Officer <u>Secretary / Treasurer</u>			
Telephone number of Authorized Officer: <u>(815) 392-4210</u> ext. <u>      </u>			
Study Area Code of Reporting Carrier	<u>341041</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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.



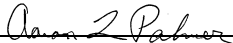
TO BE COMPLETED BY THE REPORTING CARRIER.

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: LA HARPE TEL CO					
Signature of Authorized Officer: Todd Irish				<small>Digitally signed by Todd Irish DN:cn=Todd Irish,email=todd@laharpetelephone.com,O=la harpe tel co,l=La Harpe IL 61450, Date:11/17/2016</small> Date: 11/17/2016	
Printed name of Authorized Officer: Todd Irish					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 217-659-7721					
Study Area Code of Reporting Carrier	341043		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.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

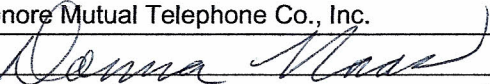
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier					Leaf River Telephone Co						
Signature of Authorized Officer								Date		12 / 01 / 2016	
Printed name of Authorized Officer				Aaron Palmer							
Title or position of Authorized Officer				President							
Telephone number of Authorized Officer: ( 815-738-2211 ext.											
Study Area Code of Reporting Carrier			341045		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>											

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>Leonore Mutual Telephone Co., Inc.</b>			
Signature of Authorized Officer 			Date <b>12-5-16</b>
Printed name of Authorized Officer <b>Donna Naas</b>			
Title or position of Authorized Officer <b>Assistant Secretary</b>			
Telephone number of Authorized Officer: <b>(815) 856-3164</b> , ext.			
Study Area Code of Reporting Carrier	<b>341046</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 **McDonough Telephone Cooperative**

Signature of Authorized Officer

Date **11/21/2016**Printed name of Authorized Officer **Jay P Griswold**Title or position of Authorized Officer **VP of Finance**Telephone number of Authorized Officer: **(309) 776-3211** ext.

Study Area Code of Reporting Carrier

**341047**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.

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

*Roger Pletsch, Pres.*

Date **11/30/2016**

Printed name of Authorized Officer **Roger Pletsch**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(815) 882-2299 ext. \_\_\_\_\_**

Study Area Code of Reporting Carrier

**341048**

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.

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: Robert Schwartz				<small>Digitally signed by Robert Schwartz DN:cn=Robert Schwartz,email=regmadison@madisontelco.com,O=madison tel co,l=Staunton IL 62088, Date:11/18/2016</small> Date: 11/18/2016	
Printed name of Authorized Officer: Robert Schwartz					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 618-635-5000					
Study Area Code of Reporting Carrier	341049		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.					

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 TEL CO					
Signature of Authorized Officer: Ann Dickerson				<small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=marseilles tel co,l=Metamora IL 61548-0800, Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Ann Dickerson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 309-367-4197					
Study Area Code of Reporting Carrier	341050		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.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<p align="center"><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>METAMORA TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Ann Dickerson</b></p>				<p>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=metamora tel co,IL=Metamora IL 61548-0800, Date:11/30/2016</p>	
<p>Date:      <b>11/30/2016</b></p>					
<p>Printed name of Authorized Officer:      <b>Ann Dickerson</b></p>					
<p>Title or position of Authorized Officer:      <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>309-367-4197</b></p>					
Study Area Code of Reporting Carrier	<b>341053</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</b>	
<p align="center"><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **Mid Century Telephone Cooperative**

Signature of Authorized Officer 

Date **11/17/2016**

Printed name of Authorized Officer **James W. Broemmer, Jr.**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer: **(309) 778-8611**, ext.

Study Area Code of Reporting Carrier

**341054**

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.

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.

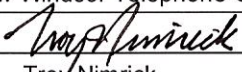
Name of Reporting Carrier <i>MONTAGE MUTUAL Tel Co, INC</i>			
Signature of Authorized Officer <i>[Signature]</i>			Date <i>11-30-16</i>
Printed name of Authorized Officer <i>George D. TAYS</i>			
Title or position of Authorized Officer <i>Sec/Treas</i>			
Telephone number of Authorized Officer: <i>217-925-5242</i>			
Study Area Code of Reporting Carrier	<i>34-1058</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>12/19/2016</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: MOULTRIE INDEPENDENT					
Signature of Authorized Officer: James Grisham				<small>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=moultrie independent,I=Equality IL 62934, Date:12/1/2016</small> Date: 12/1/2016	
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	341060		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.					

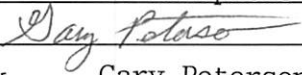
**TO BE COMPLETED BY THE REPORTING CARRIER,**

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 Co				
Signature of Authorized Officer 				Date 12/1/16
Printed name of Authorized Officer Troy Nimrick				
Title or position of Authorized Officer General Manager				
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)	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.				

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				Oneida Telephone Exchange	
Signature of Authorized Officer			Date		11/16/2016
					
Printed name of Authorized Officer			Gary Peterson		
Title or position of Authorized Officer			President		
Telephone number of Authorized Officer: 309,483 3111 ext.					
Study Area Code of Reporting Carrier		341066	Filing Due Date for this form (mm/dd/yyyy)		12/19/2016
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 TEL CO, INC					
Signature of Authorized Officer: Grace Ochsner				<small>Digitally signed by Grace Ochsner DN:cn=Grace Ochsner,email=grace@reynet.net,O=reynolds tel co, inc,l=Reynolds IL 61279-0027, Date:11/22/2016</small> Date: 11/22/2016	
Printed name of Authorized Officer: Grace Ochsner					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 309-372-4490					
Study Area Code of Reporting Carrier	341075		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.					

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 **Tonica Telephone Company**

Signature of Authorized Officer

*Lloyd Vogel*

Date **11/30/2016**

Printed name of Authorized Officer **Lloyd Vogel**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(815) 442-9901**, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**341086**

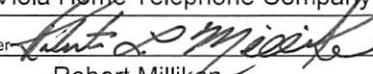
Filing Due Date for this form  
(mm/dd/yyyy)

**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.

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 Telephone Company			
Signature of Authorized Officer 			Date 11-17-16
Printed name of Authorized Officer Robert Millikan			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (309) 596-2222 ext.			
Study Area Code of Reporting Carrier	341087	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.			



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 <i>Barry Adair</i>				Date 11-22-16
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)	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.				

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 *11-30-16*

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)

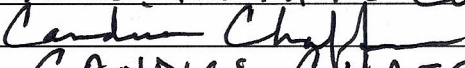
12/19/2016

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.

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					
Printed name of Authorized Officer			CANDICE CHAFFEE		
Title or position of Authorized Officer			FINANCIAL/ADMIN MANAGER		
Telephone number of Authorized Officer: (815) 256-2345 ext.					
Study Area Code of Reporting Carrier		341092	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.

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:11/30/2016</small> Date: 11/30/2016	
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)	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.					

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: ANDREW TEL CO INC					
Signature of Authorized Officer: JoAnne Gregorich				<small>Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel co inc,l=LaMotte IA 52054, Date:11/22/2016</small> Date: 11/22/2016	
Printed name of Authorized Officer: JoAnne Gregorich					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-773-2213					
Study Area Code of Reporting Carrier	351097		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.					

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>Armadia Telephone Cooperative</u>			
Signature of Authorized Officer <u>Tony A. Vonnahme</u>			Date <u>11-30-2016</u>
Printed name of Authorized Officer <u>TONY A. VONNAHME</u>			
Title or position of Authorized Officer <u>BOARD PRESIDENT</u>			
Telephone number of Authorized Officer: <u>(712) 830-3084 ext.</u>			
Study Area Code of Reporting Carrier	<u>351098</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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: ATKINS TEL CO, INC					
Signature of Authorized Officer: Gerald Spaight				<small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc, I=Atkins IA 52206, Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Gerald Spaight					
Title or position of Authorized Officer: General Manager / Treasurer					
Telephone number of Authorized Officer: 319-446-7331					
Study Area Code of Reporting Carrier	351101		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.					

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 **Ayrshire Farmers Mutual Telephone Company**

Signature of Authorized Officer  Date **11/30/2016**

Printed name of Authorized Officer **Donald D Miller**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer: **(712) 776-2222**, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>351105</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: ALPINE COMM.					
Signature of Authorized Officer: Chris Hopp				<small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:11/18/2016</small> Date: 11/18/2016	
Printed name of Authorized Officer: Chris Hopp					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-245-4480					
Study Area Code of Reporting Carrier	351106		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.					

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-NASHVILLE</b>					
Signature of Authorized Officer: <b>Brian Rickels</b>				Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville,l=Bal dwin IA 52207-0050, Date:11/28/2016	
Date: <b>11/28/2016</b>					
Printed name of Authorized Officer: <b>Brian Rickels</b>					
Title or position of Authorized Officer: <b>Manager</b>					
Telephone number of Authorized Officer: <b>563-673-6001</b>					
Study Area Code of Reporting Carrier	<b>351107</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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.					

APPENDIX A

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>Barnes City Cooperative Telephone Company</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date
Printed name of Authorized Officer <u>Doris M. Freeborn</u>			
Title or position of Authorized Officer <u>Secretary/Treasurer</u>			
Telephone number of Authorized Officer <u>(641) 644-5214</u>			
Study Area Code of Reporting Carrier	<u>35-1108</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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.			

Post-It® Fax Note	7671	Date	<u>11/28/2016</u>	# of pages	<u>2</u>
To	<u>Doris M Freeborn</u>				
Company	<u>Barnes City Coop Telco</u>				
Phone #	<u>(641) 644-5214</u>				
Fax #	<u>(641) 644-5200</u>				

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>BERNARD TEL CO INC</b>					
Signature of Authorized Officer: <b>Kyle Manders</b>				<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:11/21/2016</small> Date: <b>11/21/2016</b>	
Printed name of Authorized Officer: <b>Kyle Manders</b>					
Title or position of Authorized Officer: <b>General Manager</b>					
Telephone number of Authorized Officer: <b>563-879-3203</b>					
Study Area Code of Reporting Carrier	<b>351110</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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.					

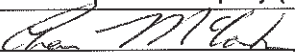
TO BE COMPLETED BY THE REPORTING CARRIER.

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: BREDA TEL CORP.					
Signature of Authorized Officer: Jane Morlok				<small>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=breda tel corp.,l=Breda IA 51436-0190, Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Jane Morlok					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-8101					
Study Area Code of Reporting Carrier	351112		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.					

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: <span style="color: blue;">BROOKLYN MUTUAL TEL</span>					
Signature of Authorized Officer: <span style="color: blue;">Tim Atkinson</span>				<small>Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel,l=Brooklyn IA 52211-0513, Date:12/2/2016</small> Date: <span style="color: blue;">12/2/2016</span>	
Printed name of Authorized Officer: <span style="color: blue;">Tim Atkinson</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager/Compliance Officer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">641-522-9211</span>					
Study Area Code of Reporting Carrier	351113		Filing Due Date for this form (mm/dd/yyyy)	12/19/2016	
<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.</b>					

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 Titonka Telephone Company (BURT)				
Signature of Authorized Officer 				Date 12/2/2016
Printed name of Authorized Officer AARON MCCARTAN				
Title or position of Authorized Officer MANAGER				
Telephone number of Authorized Officer: (515) 928-2110 ext.				
Study Area Code of Reporting Carrier	351114		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.				

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: BUTLER-BREMER MUTUAL					
Signature of Authorized Officer: Richard McBurney				<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: 11/29/2016</small> Date: 11/29/2016	
Printed name of Authorized Officer: Richard McBurney					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 319-276-4458					
Study Area Code of Reporting Carrier	351115		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.					



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: <span style="color: blue;">CASCADE COMM. CO.</span>					
Signature of Authorized Officer: <span style="color: blue;">David Gibson</span>				<small>Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade comm. co.,l=Cascade IA 52033-0250, Date:11/22/2016</small> Date: <span style="color: blue;">11/22/2016</span>	
Printed name of Authorized Officer: <span style="color: blue;">David Gibson</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager/Compliance Officer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">563-852-3710</span>					
Study Area Code of Reporting Carrier	351118		Filing Due Date for this form (mm/dd/yyyy)	12/19/2016	
<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.</b>					

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: CASEY MUTUAL TEL CO					
Signature of Authorized Officer: John Breining				<small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel co,l=Casey IA 50048, Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: John Breining					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-746-2222					
Study Area Code of Reporting Carrier	351119		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.					

## APPENDIX A

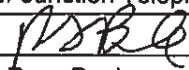
TO BE COMPLETED BY THE REPORTING CARRIER,

**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 **11/30/2016**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)**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.

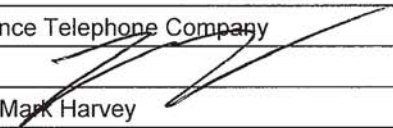
TO BE COMPLETED BY THE REPORTING CARRIER.

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: CENTRAL SCOTT TEL CO					
Signature of Authorized Officer: Kent Dau				Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel co,l=Eldridge IA 52748, Date:11/30/2016 Date: 11/30/2016	
Printed name of Authorized Officer: Kent Dau					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 563-285-9611					
Study Area Code of Reporting Carrier	351125		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.					

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 MUTUAL TEL					
Signature of Authorized Officer: Joe Snyder				Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=citizens mutual tel,l=Bloomfield IA 52537, Date:11/23/2016 Date: 11/23/2016	
Printed name of Authorized Officer: Joe Snyder					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-664-2074					
Study Area Code of Reporting Carrier	351129		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.					

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>Clarence Telephone Company</u>				
Signature of Authorized Officer 				Date <u>11/29/2016</u>
Printed name of Authorized Officer <u>Mark Harvey</u>				
Title or position of Authorized Officer <u>General Manager</u>				
Telephone number of Authorized Officer: <u>(563) 452-3852</u> ext. _____				
Study Area Code of Reporting Carrier	<u>351130</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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 **Clear Lake Independent Telephone Company**

Signature of Authorized Officer 

Date **11/30/2016**

Printed name of Authorized Officer **Thomas A. Lovell**

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

Telephone number of Authorized Officer: **(641) 357-2111** ext.

Study Area Code of Reporting Carrier

**351132**

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.

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:11/17/2016</small> Date: 11/17/2016	
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)	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.					



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>COLO TEL CO</b>					
Signature of Authorized Officer: <b>Larry Springer</b>				<small>Digitally signed by Larry Springer DN:cn=Larry Springer,email=larrycolo@netins.net,O=colo tel co,l=Colo IA 50056-0315, Date:11/21/2016</small> Date: <b>11/21/2016</b>	
Printed name of Authorized Officer: <b>Larry Springer</b>					
Title or position of Authorized Officer: <b>General Manager</b>					
Telephone number of Authorized Officer: <b>641-377-2202</b>					
Study Area Code of Reporting Carrier	<b>351134</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: COON CREEK TEL CO					
Signature of Authorized Officer: Debra Lucht				<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:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Debra Lucht					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 319-454-6234					
Study Area Code of Reporting Carrier	351136		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.					

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: COON VALLEY COOP TEL					
Signature of Authorized Officer: Jim Nelson				Digitally signed by Jim Nelson DN:cn=Jim Nelson,email=jnelson@coonvalleytelco.com,O=coon valley coop tel,l=Menlo IA 50164, Date:11/30/2016	
Date: 11/30/2016					
Printed name of Authorized Officer: Jim Nelson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-524-2111					
Study Area Code of Reporting Carrier	351137		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.					

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 TEL CO					
Signature of Authorized Officer: Scott Schabacker				Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=cooptel@netins.net,O=cooperative tel co,l=Victor IA 52347, Date:11/30/2016 Date: 11/30/2016	
Printed name of Authorized Officer: Scott Schabacker					
Title or position of Authorized Officer: Chief Operating Officer/General Manager					
Telephone number of Authorized Officer: 319-647-3131					
Study Area Code of Reporting Carrier	351139		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.					

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: CORN BELT TEL CO					
Signature of Authorized Officer: Lee Wuebker				Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=cornbelt@netins.net,O=corn belt tel co,l=Wall Lake IA 51466, Date:11/15/2016	
Date: 11/15/2016					
Printed name of Authorized Officer: Lee Wuebker					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 712-664-2221					
Study Area Code of Reporting Carrier	351141		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.					

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: Cumberland Tel Co			
Signature of Authorized Officer: <i>Ronald Belton</i>			Date: 12/06/16
Printed name of Authorized Officer: Ronald Belton			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: ( 712 ) 774 - 2221			
Study Area Code of Reporting Carrier	351146	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.			

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: DANVILLE MUTUAL TEL					
Signature of Authorized Officer: Timothy FencI				<small>Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfencI@danvilletelco.net,O=danville mutual tel,l=Danville IA 52623, Date:12/2/2016</small> Date: 12/2/2016	
Printed name of Authorized Officer: Timothy FencI					
Title or position of Authorized Officer: General Manager & CEO					
Telephone number of Authorized Officer: 319-392-4251					
Study Area Code of Reporting Carrier	351147		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.					

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 (DEFIANCE)					
Signature of Authorized Officer: Thomas Conry				<small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (defiance),l=Harlan IA 51537-0311, Date:12/6/2016</small> Date: 12/6/2016	
Printed name of Authorized Officer: Thomas Conry					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-744-3131					
Study Area Code of Reporting Carrier	351149		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.					



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: DIXON ACQ LLC					
Signature of Authorized Officer: Kent Dau				<small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=dixon acq llc,l=Eldridge IA 52748, Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Kent Dau					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 563-285-9611					
Study Area Code of Reporting Carrier	351150		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.					

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: DUMONT TEL CO					
Signature of Authorized Officer: Roger Kregel				Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel co,l=Dumont IA 50625-0349, Date:12/1/2016	
Date: 12/1/2016					
Printed name of Authorized Officer: Roger Kregel					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-857-3211					
Study Area Code of Reporting Carrier	351152		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.					

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 **Dunkerton Telephone Cooperative**

Signature of Authorized Officer

*Sue Bruns*

Date **11/16/2016**

Printed name of Authorized Officer **Sue Bruns**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer: **(319) 822-4512** ext.

Study Area Code of Reporting Carrier

**351153**

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.

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: EAST BUCHANAN COOP					
Signature of Authorized Officer: Butch Rorabaugh				Digitally signed by Butch Rorabaugh DN:cn=Butch Rorabaugh,email=butch.rorabaugh@eastbuchanan.com,O=east buchanan coop,l=Winthrop IA 50682, Date:11/29/2016	
Date: 11/29/2016					
Printed name of Authorized Officer: Butch Rorabaugh					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-935-3011					
Study Area Code of Reporting Carrier	351156		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.					

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 COOP ASSN					
Signature of Authorized Officer: Joshua Angove				<small>Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop assn,l=Ellsworth IA 50075-0458, Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Joshua Angove					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 515-836-4431					
Study Area Code of Reporting Carrier	351157		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.					

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 TELECOMM.					
Signature of Authorized Officer: Debra Lucht				<small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecom.,l=Minburn IA 50167, Date:11/30/2016</small> Date: 11/30/2016	
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					
Study Area Code of Reporting Carrier	351158		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.					

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 **F&B Communications, Inc.**

Signature of Authorized Officer Brenda K Kay Date **11/21/16**

Printed name of Authorized Officer **Brenda Kay**

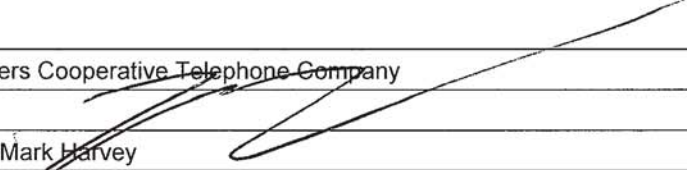
Title or position of Authorized Officer **Secretary/Treasurer**

Telephone number of Authorized Officer: **(563) 374-1236** Ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>351160</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 <u>Farmers Cooperative Telephone Company</u>				
Signature of Authorized Officer 				Date <u>11/29/2016</u>
Printed name of Authorized Officer <u>Mark Harvey</u>				
Title or position of Authorized Officer <u>General Manager</u>				
Telephone number of Authorized Officer: <u>(319) 476-7800</u> ext. _____				
Study Area Code of Reporting Carrier	<u>351162</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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 <u>FARMERS &amp; MERCHANTS MUTUAL TEL</u>			
Signature of Authorized Officer <u>Susie Stalder</u>			Date <u>11/24/16</u>
Printed name of Authorized Officer <u>SUSIE STALDER</u>			
Title or position of Authorized Officer <u>OPERATIONS MGR</u>			
Telephone number of Authorized Officer: <u>(319) 252-2736 ext.</u>			
Study Area Code of Reporting Carrier	<u>351166</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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>					
Name of Reporting Carrier: <span style="color: blue;">FARMERS MUTUAL COOP</span>					
Signature of Authorized Officer: <span style="color: blue;">Thomas Conry</span>				<small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,i=Harlan IA 51537-0311, Date:12/6/2016</small> Date: <span style="color: blue;">12/6/2016</span>	
Printed name of Authorized Officer: <span style="color: blue;">Thomas Conry</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">712-744-3131</span>					
Study Area Code of Reporting Carrier	351168		Filing Due Date for this form (mm/dd/yyyy)	12/19/2016	
<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.</b>					

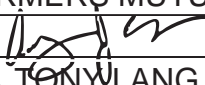
TO BE COMPLETED BY THE REPORTING CARRIER.

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: Tammy Wheeler				Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop,l=Moulton IA 52572, Date:11/29/2016	
Date: 11/29/2016					
Printed name of Authorized Officer: Tammy Wheeler					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-642-3249					
Study Area Code of Reporting Carrier	351169		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.					

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 MUTUAL TELEPHONE CO.</b>				
Signature of Authorized Officer 			Date <b>12/4/16</b>	
Printed name of Authorized Officer <b>TONY WANG</b>				
Title or position of Authorized Officer <b>GM</b>				
Telephone number of Authorized Officer: <b>3198271151</b> , ext.				
Study Area Code of Reporting Carrier		<b>351171</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 <b>Farmers Mutual Telephone Company - Nora Springs</b>			
Signature of Authorized Officer 			Date <b>11/22/2016</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>351172</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 Farmers Mutual Telephone Cooperative of Shellsburg				
Signature of Authorized Officer 			Date 12/5/2016	
Printed name of Authorized Officer Curtis Eldred				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (319) 436-2224 ext.				
Study Area Code of Reporting Carrier	351173	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.				

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 TEL					
Signature of Authorized Officer: Kevin Cabbage				Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=farmers mutual tel,l=Stanton IA 51573-0220, Date:12/1/2016	
Date: 12/1/2016					
Printed name of Authorized Officer: Kevin Cabbage					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-829-2111					
Study Area Code of Reporting Carrier	351174		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.					

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 TEL CO - BAT					
Signature of Authorized Officer: Joe Snyder				Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=farmers tel co - bat,l=Bloomfield IA 52537, Date:11/23/2016 Date: 11/23/2016	
Printed name of Authorized Officer: Joe Snyder					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-664-2074					
Study Area Code of Reporting Carrier	351175		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.					

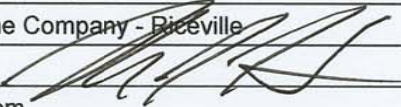


TO BE COMPLETED BY THE REPORTING CARRIER.

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 TEL CO-ESSEX					
Signature of Authorized Officer: Tim Hill				<small>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel co-essex,l=Essex IA 51638, Date:11/29/2016</small> Date: 11/29/2016	
Printed name of Authorized Officer: Tim Hill					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 712-379-3001					
Study Area Code of Reporting Carrier	351176		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 Farmers Telephone Company - Riceville			
Signature of Authorized Officer 		Date 11/22/2016	
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	351177	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.

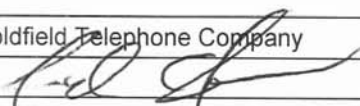
TO BE COMPLETED BY THE REPORTING CARRIER.

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: FENTON CO-OP TEL CO					
Signature of Authorized Officer: Steven Longhenry				<small>Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fntn@netins.net,O=fenton co-op tel co,l=Fenton IA 50539, Date:11/29/2016</small> Date: 11/29/2016	
Printed name of Authorized Officer: Steven Longhenry					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 515-889-2785					
Study Area Code of Reporting Carrier	351179		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.					

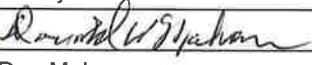
TO BE COMPLETED BY THE REPORTING CARRIER.

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: PARTNER COMM. COOP.					
Signature of Authorized Officer: Arthur Cooper				<small>Digitally signed by Arthur Cooper DN: cn=Arthur Cooper, email=coop@pcctel.net, O=partner comm. coop., l=, Date: 11/23/2016</small> Date: 11/23/2016	
Printed name of Authorized Officer: Arthur Cooper					
Title or position of Authorized Officer: Board President					
Telephone number of Authorized Officer: 641-498-7701					
Study Area Code of Reporting Carrier	351187		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.					

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 Goldfield Telephone Company			
Signature of Authorized Officer 			Date 11/30/2016
Printed name of Authorized Officer Jared Johnson			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: ( ) - . ext. (515) 825-3766			
Study Area Code of Reporting Carrier	351188	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.			

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 12/1/2016
Printed name of Authorized Officer Don Mahan				
Title or position of Authorized Officer Vice-President				
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)	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.				

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: GRAND MOUND COOP TEL					
Signature of Authorized Officer: Marcus Behnken				<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:12/2/2016</small> Date: 12/2/2016	
Printed name of Authorized Officer: Marcus Behnken					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-847-3000					
Study Area Code of Reporting Carrier	351191		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.					

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: <span style="color: blue;">GRISWOLD CO-OP TEL</span>					
Signature of Authorized Officer: <span style="color: blue;">Amy McLaren</span>				<div style="font-size: small; color: blue;"> Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gcto@netins.net,O=griswold co-op tel,l=Griswold IA 51535-0640, Date:11/16/2016 </div>	
Date: <span style="color: blue;">11/16/2016</span>					
Printed name of Authorized Officer: <span style="color: blue;">Amy McLaren</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">712-778-2121</span>					
Study Area Code of Reporting Carrier	351195		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.					



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: HAWKEYE TEL CO					
Signature of Authorized Officer: Alex Soderquist				<small>Digitally signed by Alex Soderquist DN:cn=Alex Soderquist,email=manager@hawkeyetelephone.com,O=hawkeye tel co,l=Hawkeye IA 52147-0250, Date:11/29/2016</small> Date: 11/29/2016	
Printed name of Authorized Officer: Alex Soderquist					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-427-3222					
Study Area Code of Reporting Carrier	351199		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.					

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: David Raak				Digitally signed by David Raak DN:cn=David Raak,email=dave@hosperstel.com,O=hospers tel exch inc,l=Hospers IA 51238, Date:11/22/2016	
Date: 11/22/2016					
Printed name of Authorized Officer: David Raak					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 712-752-8100					
Study Area Code of Reporting Carrier	351202		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.					

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: HUBBARD COOP ASSN					
Signature of Authorized Officer: David Lowe				<small>Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,I=Hubbard IA 50122-0428, Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: David Lowe					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 641-864-2216					
Study Area Code of Reporting Carrier	351203		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.					

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: HUXLEY COMM. COOP.					
Signature of Authorized Officer: Gary Clark				<small>Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley comm. coop.,l=Huxley IA 50124-0036, Date:11/29/2016</small> Date: 11/29/2016	
Printed name of Authorized Officer: Gary Clark					
Title or position of Authorized Officer: General Manager and Executive VP					
Telephone number of Authorized Officer: 515-597-2281					
Study Area Code of Reporting Carrier	351205		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.					


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: <span style="color: blue;">IAMO TEL CO - IA</span>					
Signature of Authorized Officer: <span style="color: blue;">Jack Jones</span>				<small>Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - ia,I=Coin IA 51636, Date:12/2/2016</small> Date: <span style="color: blue;">12/2/2016</span>	
Printed name of Authorized Officer: <span style="color: blue;">Jack Jones</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">712-583-3232</span>					
Study Area Code of Reporting Carrier	<span style="color: blue;">351206</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">12/19/2016</span>	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>					

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: INTERSTATE 35 TEL CO					
Signature of Authorized Officer: Mike Weis				<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:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Mike Weis					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 641-765-4201					
Study Area Code of Reporting Carrier	351209		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.					

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: Jordan Soldier Valley Telephone				
Signature of Authorized Officer: 				Date: 11/30/2016
Printed name of Authorized Officer: Paul Bergmann				
Title or position of Authorized Officer: CFO				
Telephone number of Authorized Officer: 712 271-4000, ext. _____				
Study Area Code of Reporting Carrier	351213	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.				

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.peck@kctc.net,O=kalona coop tel co,l=Kalona IA 52247-1208, Date:11/16/2016	
Date: 11/16/2016					
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)	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.					



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>Heystone Farmers Coop Tel Co</u>			
Signature of Authorized Officer <u>Byron Kimm</u>			Date <u>11-29-16</u>
Printed name of Authorized Officer <u>Byron Kimm</u>			
Title or position of Authorized Officer <u>GM</u>			
Telephone number of Authorized Officer: <u>(319) 492-3246</u>			
Study Area Code of Reporting Carrier	<u>381217</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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: LA PORTE CITY TEL CO					
Signature of Authorized Officer: Chris Hopp				Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel co,l=Elkader IA 52043, Date:11/18/2016 Date: 11/18/2016	
Printed name of Authorized Officer: Chris Hopp					
Title or position of Authorized Officer: Executive Secretary					
Telephone number of Authorized Officer: 563-245-4480					
Study Area Code of Reporting Carrier	351220		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.					

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 MOTTE TEL CO					
Signature of Authorized Officer: JoAnne Gregorich				<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:11/22/2016</small> Date: 11/22/2016	
Printed name of Authorized Officer: JoAnne Gregorich					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-773-2213					
Study Area Code of Reporting Carrier	351222		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.					

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>Lehigh Valley Coop Telephone Association</i>				
Signature of Authorized Officer <i>[Signature]</i>				Date <i>11/29/2016</i>
Printed name of Authorized Officer <i>Jim Suchan</i>				
Title or position of Authorized Officer <i>CEO</i>				
Telephone number of Authorized Officer: <i>(615) 359-2211</i> ext. _____				
Study Area Code of Reporting Carrier	<i>351225</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>12/19/2016</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.				

## APPENDIX A

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 Cooperative Telephone Company**

Signature of Authorized Officer

Date **12-02-2016**Printed name of Authorized Officer **Lynn Bierstedt**Title or position of Authorized Officer **Vice-President**Telephone number of Authorized Officer: **(515) 925-3688 ext.**

Study Area Code of Reporting Carrier

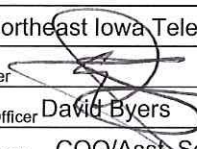
**351228**Filing Due Date for this form  
(mm/dd/yyyy)**12/19/2016**

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.

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: LOST NATION-ELWOOD					
Signature of Authorized Officer: Jan Muhl				Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood,l= , Date:11/21/2016 Date: 11/21/2016	
Printed name of Authorized Officer: Jan Muhl					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 563-678-2470					
Study Area Code of Reporting Carrier	351229		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.					

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 Northeast Iowa Telephone Company				
Signature of Authorized Officer 				Date 11/16/2016
Printed name of Authorized Officer David Byers				
Title or position of Authorized Officer COO/Asst. Secretary				
Telephone number of Authorized Officer: (563) 539-2122 ext.				
Study Area Code of Reporting Carrier	351230	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.				

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: LYNNVILLE TEL. CO.					
Signature of Authorized Officer: Gary Neill				Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=lynnville tel. co.,l= , Date:11/30/2016 Date: 11/30/2016	
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	351232		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.					



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 (MANILLA)					
Signature of Authorized Officer: Thomas Conry				<small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (manilla),l=Harlan IA 51537-0311, Date:12/6/2016</small> Date: 12/6/2016	
Printed name of Authorized Officer: Thomas Conry					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-744-3131					
Study Area Code of Reporting Carrier	351235		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.					

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: MARNE & ELK HORN TEL					
Signature of Authorized Officer: Janell Hansen				<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:11/17/2016</small> Date: 11/17/2016	
Printed name of Authorized Officer: Janell Hansen					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 712-764-6161					
Study Area Code of Reporting Carrier	351237		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.					

## 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>Martelle Cooperative Telephone Association</b>			
Signature of Authorized Officer 			Date <b>11-20-2016</b>
Printed name of Authorized Officer <b>Hans Arwine</b>			
Title or position of Authorized Officer <b>Company Officer</b>			
Telephone number of Authorized Officer: <b>(319) 482-2381</b> ext. _____			
Study Area Code of Reporting Carrier	<b>351238</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: MASSENA TEL CO					
Signature of Authorized Officer: Kathleen Foster				<small>Digitally signed by Kathleen Foster DN:cn=Kathleen Foster,email=kfoster@netins.net,O=massena tel co,l=Massena IA 50853, Date:12/5/2016</small> Date: 12/5/2016	
Printed name of Authorized Officer: Kathleen Foster					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 712-779-2227					
Study Area Code of Reporting Carrier	351239		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.					

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 **11-30-2016**

Printed name of Authorized Officer **Hans Arwine**

Title or position of Authorized Officer **Company 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)

**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.

## APPENDIX A

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 Miles Cooperative Telephone AssociationSignature of Authorized Officer Debra ChrestDate 11/30/16Printed name of Authorized Officer Debra ChrestTitle or position of Authorized Officer SecretaryTelephone number of Authorized Officer: (563) 682-7111, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

351242Filing 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.

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 TEL CO					
Signature of Authorized Officer: Debra Lucht				<small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel co,l=Minburn IA 50167, Date:11/30/2016</small> Date: 11/30/2016	
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					
Study Area Code of Reporting Carrier	351245		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.					

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 Telephone Co., Inc.**

Signature of Authorized Officer

Date **11-29-16**Printed name of Authorized Officer **Levi Bappe**Title or position of Authorized Officer **Manager**Telephone number of Authorized Officer: **(641) 487-7399 ext.**

Study Area Code of Reporting Carrier

**351246**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.



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: MODERN COOP TEL CO					
Signature of Authorized Officer: Jeffrey Brower				Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop tel co,l=South English IA 52335, Date:11/30/2016	
Date: 11/30/2016					
Printed name of Authorized Officer: Jeffrey Brower					
Title or position of Authorized Officer: General Manager/COO					
Telephone number of Authorized Officer: 319-667-2375					
Study Area Code of Reporting Carrier	351247		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.					

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>MUTUAL TEL CO</b>					
Signature of Authorized Officer: <b>Randy Foor</b>				<small>Digitally signed by Randy Foor DN:cn=Randy Foor,email=rdf@mutel.com,O=mutual tel co,l=Morning Sun IA 52640, Date:11/17/2016</small> Date: <b>11/17/2016</b>	
Printed name of Authorized Officer: <b>Randy Foor</b>					
Title or position of Authorized Officer: <b>Executive Vice President</b>					
Telephone number of Authorized Officer: <b>319-868-7636</b>					
Study Area Code of Reporting Carrier	<b>351250</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>MEDIAPOLIS TEL CO</b>					
Signature of Authorized Officer: <b>William Malcom</b>				Digitally signed by William Malcom DN:cn=William Malcom,email=bmalcom@mepotelco.net,O=mediapolis tel co,l=Mediapolis IA 52637, Date:11/29/2016	
Date: <b>11/29/2016</b>					
Printed name of Authorized Officer: <b>William Malcom</b>					
Title or position of Authorized Officer: <b>General Manager &amp; CEO</b>					
Telephone number of Authorized Officer: <b>319-394-3456</b>					
Study Area Code of Reporting Carrier	<b>351251</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>MUTUAL TEL CO</b>					
Signature of Authorized Officer: <b>Doug Boone</b>				<small>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=mual tel co,l=Sioux Center IA 51250, Date:11/29/2016</small> Date: <b>11/29/2016</b>	
Printed name of Authorized Officer: <b>Doug Boone</b>					
Title or position of Authorized Officer: <b>Chief Executive Officer</b>					
Telephone number of Authorized Officer: <b>712-722-3451</b>					
Study Area Code of Reporting Carrier	<b>351252</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 North English Cooperative Telephone Company			
Signature of Authorized Officer 		Date 12/14/2016	
Printed name of Authorized Officer Reed Ostenberg			
Title or position of Authorized Officer COO			
Telephone number of Authorized Officer: (319) 664-3821 ext.			
Study Area Code of Reporting Carrier	351267	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.			

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>NORTHERN IOWA TEL CO</b>					
Signature of Authorized Officer: <b>Doug Boone</b>				<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:11/29/2016</small> Date: <b>11/29/2016</b>	
Printed name of Authorized Officer: <b>Doug Boone</b>					
Title or position of Authorized Officer: <b>Chief Executive Officer</b>					
Telephone number of Authorized Officer: <b>712-722-3451</b>					
Study Area Code of Reporting Carrier	<b>351259</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 Northwest Iowa Telephone			
Signature of Authorized Officer 			Date 11/30/2016
Printed name of Authorized Officer Paul Bergmann			
Title or position of Authorized Officer CFO			
Telephone number of Authorized Officer: 712 271-4000, ext.			
Study Area Code of Reporting Carrier	351260	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.			


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 Telephone Cooperative Association**

Signature of Authorized Officer

Date **11/30/2016**Printed name of Authorized Officer **Donald D Miller**Title or position of Authorized Officer **CEO**Telephone number of Authorized Officer: **(712) 776-2222** ext.

Study Area Code of Reporting Carrier

**351261**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.



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>COMM 1 NETWORK</b>					
Signature of Authorized Officer: <b>Randy Yeakel</b>				<small>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=comm 1 network,l=Kanawha IA 50447, Date:11/18/2016</small> Date: <b>11/18/2016</b>	
Printed name of Authorized Officer: <b>Randy Yeakel</b>					
Title or position of Authorized Officer: <b>General Manager/ Director</b>					
Telephone number of Authorized Officer: <b>641-762-3772</b>					
Study Area Code of Reporting Carrier	<b>351262</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 TEL CO - IA					
Signature of Authorized Officer: Gary Clark				Digitally signed by Gary Clark DN:cn=Gary Clark,email=ogdentelgary@netins.net,O=ogden tel co - ia,I=Ogden IA 50212, Date:11/30/2016 Date: 11/30/2016	
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)	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.					

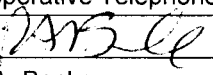
TO BE COMPLETED BY THE REPORTING CARRIER,

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>Olin Telephone Company</u>			
Signature of Authorized Officer <u>Rodney Cozart</u>		Date <u>12/06/2016</u>	
Printed name of Authorized Officer <u>Rodney Cozart</u>			
Title or position of Authorized Officer <u>Manager/Assistant Board Secretary</u>			
Telephone number of Authorized Officer: <u>(319) 484-2200</u> ext.			
Study Area Code of Reporting Carrier	<u>351264</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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**

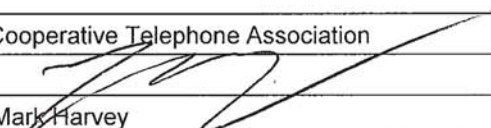
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <b>Onslow Cooperative Telephone Association</b>			
Signature of Authorized Officer 			Date <b>11/25/2016</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>12/19/2016</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>ORAN MUTUAL TEL CO</b>					
Signature of Authorized Officer: <b>Barb Gruetzmacher</b>				<small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co, Date:11/16/2016</small> Date: <b>11/16/2016</b>	
Printed name of Authorized Officer: <b>Barb Gruetzmacher</b>					
Title or position of Authorized Officer: <b>Secretary-Treasurer</b>					
Telephone number of Authorized Officer: <b>319-638-6006</b>					
Study Area Code of Reporting Carrier	<b>351266</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 Palo Cooperative Telephone Association				
Signature of Authorized Officer 				Date 11/29/2016
Printed name of Authorized Officer Mark Harvey				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: 319 (888) 851-3431 ext.				
Study Area Code of Reporting Carrier	351269	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.				

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>PALMER MUTUAL TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Andy Peterson</b></p>				<p>Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,l=Palmer IA 50571, Date:11/15/2016</p>	
<p>Date: <b>11/15/2016</b></p>					
<p>Printed name of Authorized Officer: <b>Andy Peterson</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>712-359-2411</b></p>					
Study Area Code of Reporting Carrier	<b>351270</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>Panora Communications Cooperative</b>				
Signature of Authorized Officer 				Date <b>11-30-16</b>
Printed name of Authorized Officer <b>Andrew M Randol</b>				
Title or position of Authorized Officer <b>CEO</b>				
Telephone number of Authorized Officer: <b>(641) 755-2424</b> ext.				
Study Area Code of Reporting Carrier	<b>351271</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>PEOPLES TEL CO - IA</b>					
Signature of Authorized Officer: <b>Curt Kawlewski</b>				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia, Date:11/21/2016</small> Date: <b>11/21/2016</b>	
Printed name of Authorized Officer: <b>Curt Kawlewski</b>					
Title or position of Authorized Officer: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer: <b>507-233-4172</b>					
Study Area Code of Reporting Carrier	<b>351273</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: PRAIRIEBURG TEL CO					
Signature of Authorized Officer: LaRae Reichenauer				<small>Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel co,l= , Date:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: LaRae Reichenauer					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 319-437-3611					
Study Area Code of Reporting Carrier	351275		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.					

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: PRESTON TEL CO					
Signature of Authorized Officer: Roger Kilburg				Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@preston tel co,lc=Preston IA 52069-0167, Date:11/17/2016	
Date: 11/17/2016					
Printed name of Authorized Officer: Roger Kilburg					
Title or position of Authorized Officer: Manager/Secretary-Treasurer					
Telephone number of Authorized Officer: 563-689-3811					
Study Area Code of Reporting Carrier	351276		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.					

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:11/29/2016	
Date: 11/29/2016					
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)	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.					

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: RINGSTED TEL CO					
Signature of Authorized Officer: Aaron McCartan				Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel co,l=Ringsted IA 50578, Date:12/2/2016 Date: 12/2/2016	
Printed name of Authorized Officer: Aaron McCartan					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 712-866-8000					
Study Area Code of Reporting Carrier	351280		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.					

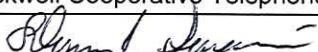
TO BE COMPLETED BY THE REPORTING CARRIER,

### 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 **Rockwell Cooperative Telephone Association**

Signature of Authorized Officer



Date **11/21/2016**

Printed name of Authorized Officer **David Severin**

Title or position of Authorized Officer **GM/ ASST. SEC. TREAS.**

Telephone number of Authorized Officer: **(641) 822-3212** ext.

Study Area Code of Reporting Carrier

**351282**

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.

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: ROYAL TEL CO					
Signature of Authorized Officer: John Noah				Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel co,l=Royal IA 51357, Date:12/6/2016 Date: 12/6/2016	
Printed name of Authorized Officer: John Noah					
Title or position of Authorized Officer: General Manager/CCO					
Telephone number of Authorized Officer: 712-933-2615					
Study Area Code of Reporting Carrier	351283		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.					

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 12/1/2016
Printed name of Authorized Officer Don Mahan				
Title or position of Authorized Officer Vice-President				
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)	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.				



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: <span style="color: blue;">SAC COUNTY MUTUAL</span>					
Signature of Authorized Officer: <span style="color: blue;">Ronald Sorensen</span>				<small>Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual,l=Odebolt IA 51458, Date:12/5/2016</small> Date: <span style="color: blue;">12/5/2016</span>	
Printed name of Authorized Officer: <span style="color: blue;">Ronald Sorensen</span>					
Title or position of Authorized Officer: <span style="color: blue;">Compliance Officer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">712-668-2200</span>					
Study Area Code of Reporting Carrier	<span style="color: blue;">351285</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">12/19/2016</span>	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>					

APPENDIX A

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>Schaller Telephone Co</u>			
Signature of Authorized Officer <u>Missy Kestel</u>		Date <u>11-30-16</u>	
Printed name of Authorized Officer <u>Missy Kestel</u>			
Title or position of Authorized Officer <u>Secretary</u>			
Telephone number of Authorized Officer: <u>712-275-4211</u>			
Study Area Code of Reporting Carrier	<u>351291</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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.			

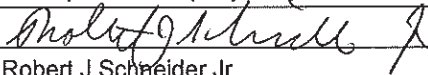
TO BE COMPLETED BY THE REPORTING CARRIER.

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: SEARSBORO TEL CO					
Signature of Authorized Officer: Gary Neill				Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=searsboro tel co,l= , Date:11/30/2016 Date: 11/30/2016	
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)	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.					

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				Sharon Telephone Company	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Robert J Schneider Jr		
Title or position of Authorized Officer			COO		
Telephone number of Authorized Officer: (319) 679-2211 ext.					
Study Area Code of Reporting Carrier	351293	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.

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>Scranton Telephone Company</u>			
Signature of Authorized Officer <u>Allen Jacob</u>		Date <u>11-29-16</u>	
Printed name of Authorized Officer <u>Allen Jacob</u>			
Title or position of Authorized Officer <u>Manager</u>			
Telephone number of Authorized Officer: <u>(712) 652 3355 ext.</u>			
Study Area Code of Reporting Carrier <u>351294</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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: SHELL ROCK COMM					
Signature of Authorized Officer: Richard McBurney				<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:11/29/2016</small> Date: 11/29/2016	
Printed name of Authorized Officer: Richard McBurney					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 319-276-4458					
Study Area Code of Reporting Carrier	351295		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.					

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: <span style="color: blue;">HEART OF IOWA COMM.</span>					
Signature of Authorized Officer: <span style="color: blue;"><b>Bryan Amundson</b></span>				<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:11/22/2016</small>	Date: <span style="color: blue;">11/22/2016</span>
Printed name of Authorized Officer: <span style="color: blue;">Bryan Amundson</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">641-486-2211</span>					
Study Area Code of Reporting Carrier	351297		Filing Due Date for this form (mm/dd/yyyy)	12/19/2016	
<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.</b>					

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: SOUTH SLOPE COOP TEL					
Signature of Authorized Officer: Carla Miner				Digitally signed by Carla Miner DN:cn=Carla Miner,email=carla@southslope.com,O=south slope coop tel,l=North Liberty IA 52317, Date:11/29/2016 Date: 11/29/2016	
Printed name of Authorized Officer: Carla Miner					
Title or position of Authorized Officer: Interim Chief Operating Officer					
Telephone number of Authorized Officer: 319-626-2211					
Study Area Code of Reporting Carrier	351298		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.					



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>SOUTHWEST TEL EXCH</b>					
Signature of Authorized Officer: <b>Mike Weis</b>				<small>Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=southwest tel exch,l=Truro IA 50257-0229, Date:11/30/2016</small> Date: <b>11/30/2016</b>	
Printed name of Authorized Officer: <b>Mike Weis</b>					
Title or position of Authorized Officer: <b>Vice President</b>					
Telephone number of Authorized Officer: <b>641-765-4201</b>					
Study Area Code of Reporting Carrier	<b>351301</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>SPRINGVILLE COOP TEL</b>					
Signature of Authorized Officer: <b>Jean Schilling</b>				<small>Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvt@netins.net,O=springville coop tel,l=Springville IA 52336-0009, Date:11/30/2016</small> Date: <b>11/30/2016</b>	
Printed name of Authorized Officer: <b>Jean Schilling</b>					
Title or position of Authorized Officer: <b>Office Manager</b>					
Telephone number of Authorized Officer: <b>319-854-6107</b>					
Study Area Code of Reporting Carrier	<b>351302</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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 Cooperative Telephone Exchange			
Signature of Authorized Officer <i>Marvin Ness</i>			Date <i>11/21/2016</i>
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)	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.			

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: SO. SLOPE-SWISHER					
Signature of Authorized Officer: Carla Miner				<small>Digitally signed by Carla Miner DN:cn=Carla Miner,email=carla@southslope.com,O=so.slope-swisher,l=North Liberty IA 52317, Date:11/29/2016</small> Date: 11/29/2016	
Printed name of Authorized Officer: Carla Miner					
Title or position of Authorized Officer: Interim Chief Operating Officer					
Telephone number of Authorized Officer: 319-626-2211					
Study Area Code of Reporting Carrier	351304		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.					

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>STRATFORD Mutual TELEPHONE</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>12/2/16</u>
Printed name of Authorized Officer <u>JENNIFER FRANK</u>			
Title or position of Authorized Officer <u>ASST SECRETARY</u>			
Telephone number of Authorized Officer: <u>857-838-2900</u>			
Study Area Code of Reporting Carrier	<u>351305</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</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: SULLY TEL ASSOC					
Signature of Authorized Officer: Earl "Jack" De Angelo				Digitally signed by Earl "Jack" De Angelo DN:cn=Earl "Jack" De Angelo,email=jackd@sullytel.com,O=sully tel assoc,l=Sully IA 50251, Date:11/21/2016	
Date: 11/21/2016					
Printed name of Authorized Officer: Earl "Jack" De Angelo					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-594-2905					
Study Area Code of Reporting Carrier	351306		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.					

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				Superior Telephone COOP	
Signature of Authorized Officer			<i>Cheryl Noble</i>		Date
Printed name of Authorized Officer			Cheryl Noble		11-16-2016
Title or position of Authorized Officer			Manager		
Telephone number of Authorized Officer: (712) 858-4591 ext.					
Study Area Code of Reporting Carrier		351307	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.					

*Cbrennan@neca.org*

TO BE COMPLETED BY THE REPORTING CARRIER.

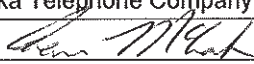
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>TEMPLETON TEL CO</b>					
Signature of Authorized Officer: <b>Patricia Snyder</b>				<small>Digitally signed by Patricia Snyder DN:cn=Patricia Snyder,email=temptel@netins.net,O=templeton tel co,l=Templeton IA 51463-0077, Date:11/29/2016</small> Date: <b>11/29/2016</b>	
Printed name of Authorized Officer: <b>Patricia Snyder</b>					
Title or position of Authorized Officer: <b>General Manager</b>					
Telephone number of Authorized Officer: <b>712-669-3311</b>					
Study Area Code of Reporting Carrier	<b>351308</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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.					



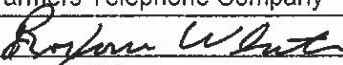
TO BE COMPLETED BY THE REPORTING CARRIER.

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: TERRIL TEL. COOP.					
Signature of Authorized Officer: John Noah				Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril tel. coop.,l=Terril IA 51364, Date:12/6/2016 Date: 12/6/2016	
Printed name of Authorized Officer: John Noah					
Title or position of Authorized Officer: General Manager/CCO					
Telephone number of Authorized Officer: 712-853-1300					
Study Area Code of Reporting Carrier	351309		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.					

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 Titonka Telephone Company					
Signature of Authorized Officer 				Date 12/2/2016	
Printed name of Authorized Officer AARON MCCARTAN					
Title or position of Authorized Officer MANAGER					
Telephone number of Authorized Officer: (515) 928-2110, ext.					
Study Area Code of Reporting Carrier		351310	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.					

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>United Farmers Telephone Company</b>			
Signature of Authorized Officer 			Date <b>12/02/2016</b>
Printed name of Authorized Officer <b>Roxanne White</b>			
Title or position of Authorized Officer <b>Executive Vice President</b>			
Telephone number of Authorized Officer: <b>(712) 834-0228</b> , ext.			
Study Area Code of Reporting Carrier	<b>351316</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: 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:11/16/2016	
Date: 11/16/2016					
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)	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.					

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 HORNE COOP TEL					
Signature of Authorized Officer: Kerry Less				<small>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:11/29/2016</small> Date: 11/29/2016	
Printed name of Authorized Officer: Kerry Less					
Title or position of Authorized Officer: CFO - Chief Financial Officer					
Telephone number of Authorized Officer: 319-228-8791					
Study Area Code of Reporting Carrier	351320		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.					

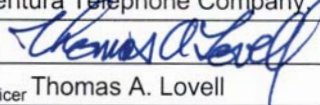
TO BE COMPLETED BY THE REPORTING CARRIER,

### 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 **Ventura Telephone Company, Inc.**

Signature of Authorized Officer



Date **11/30/2016**

Printed name of Authorized Officer **Thomas A. Lovell**

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

Telephone number of Authorized Officer: **(641) 357-2111**, ext.

Study Area Code of Reporting Carrier

**351322**

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.

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: VILLISCA FARMERS TEL					
Signature of Authorized Officer: Kevin Cabbage				<small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,l=Stanton IA 51573-0220, Date:12/1/2016</small> Date: 12/1/2016	
Printed name of Authorized Officer: Kevin Cabbage					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-829-2111					
Study Area Code of Reporting Carrier	351324		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.					

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: WALNUT TEL CO, INC					
Signature of Authorized Officer: Janell Hansen				<small>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=walnut tel co, inc,l=Walnut IA 51577, Date:11/17/2016</small> Date: 11/17/2016	
Printed name of Authorized Officer: Janell Hansen					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 712-784-2211					
Study Area Code of Reporting Carrier	351326		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.					

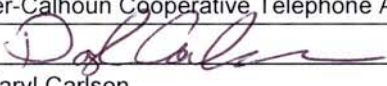


TO BE COMPLETED BY THE REPORTING CARRIER.

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:11/29/2016</small> Date: 11/29/2016	
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)	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 <b>Webster-Calhoun Cooperative Telephone Association</b>			
Signature of Authorized Officer 		Date <b>11-30-2016</b>	
Printed name of Authorized Officer <b>Daryl Carlson</b>			
Title or position of Authorized Officer <b>EVP, General Manager</b>			
Telephone number of Authorized Officer: <b>(515) 352-3151</b> ext. _____			
Study Area Code of Reporting Carrier	<b>351328</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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>WELLMAN COOP TEL</b>					
Signature of Authorized Officer: <b>Jayne Hochstedler</b>				<small>Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop tel,l=Wellman IA 52356-0170, Date:11/21/2016</small> Date: <b>11/21/2016</b>	
Printed name of Authorized Officer: <b>Jayne Hochstedler</b>					
Title or position of Authorized Officer: <b>CFO</b>					
Telephone number of Authorized Officer: <b>319-646-6075</b>					
Study Area Code of Reporting Carrier	<b>351329</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>12/19/2016</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: WEST IOWA TEL CO					
Signature of Authorized Officer: Robert Gannon				Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel co,l=Remsen IA 51050-0330, Date:12/1/2016	
Date: 12/1/2016					
Printed name of Authorized Officer: Robert Gannon					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-786-5572					
Study Area Code of Reporting Carrier	351331		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.					

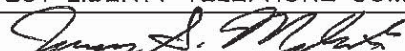
TO BE COMPLETED BY THE REPORTING CARRIER,

### 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 TELEPHONE COMPANY**

Signature of Authorized Officer



Date **11/30/2016**

Printed name of Authorized Officer **JERRY S. MELICK**

Title or position of Authorized Officer **PRESIDENT**

Telephone number of Authorized Officer: **(319) 627-2145** ext.

Study Area Code of Reporting Carrier

**351332**

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.

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: WESTERN IOWA ASSN					
Signature of Authorized Officer: Heath Mallory <small>Digitally signed by Heath Mallory DN:cn=Heath Mallory,email=heath.mallory@wiatel.com,O=western iowa assn,l=Lawton IA 51030-0038, Date:11/29/2016</small>				Date: 11/29/2016	
Printed name of Authorized Officer: Heath Mallory					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-944-5711					
Study Area Code of Reporting Carrier	351334		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>					

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: WESTSIDE INDEPENDENT					
Signature of Authorized Officer: Jane Morlok				<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:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Jane Morlok					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-8101					
Study Area Code of Reporting Carrier	351335		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.					

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 WTC Communications, Inc.

Signature of Authorized Officer Stacie Harris Date 11/29/2016

Printed name of Authorized Officer Stacie Harris

Title or position of Authorized Officer Chief Financial Officer

Telephone number of Authorized Officer: (563) 732-3000, ext.       

Study Area Code of Reporting Carrier	351336		Filing Due Date for this form (mm/dd/yyyy)	12/19/2016	
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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: WOOLSTOCK MUTUAL					
Signature of Authorized Officer: Chris Simmons				<small>Digitally signed by Chris Simmons DN:cn=Chris Simmons,email=chris@wmtel.net,O=woolstock mutual,lc=US, Date:11/29/2016</small> Date: 11/29/2016	
Printed name of Authorized Officer: Chris Simmons					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 515-839-5571					
Study Area Code of Reporting Carrier	351342		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.					

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: WYOMING MUTUAL TEL					
Signature of Authorized Officer: Debra Williams				Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel,l=Wyoming IA 52362, Date:11/21/2016	
Date: 11/21/2016					
Printed name of Authorized Officer: Debra Williams					
Title or position of Authorized Officer: Office Manager/Board Secretary					
Telephone number of Authorized Officer: 563-488-2535					
Study Area Code of Reporting Carrier	351343		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.					

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: PRAIRIE TEL CO					
Signature of Authorized Officer: Jane Morlok				<small>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:11/30/2016</small> Date: 11/30/2016	
Printed name of Authorized Officer: Jane Morlok					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-8101					
Study Area Code of Reporting Carrier	351344		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.					

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: ALLIANCE-HILLS IA					
Signature of Authorized Officer: Kari Flanagan				Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills ia,I=Garretson SD 57030, Date:11/29/2016	
Date: 11/29/2016					
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	351405		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.					

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: KILLDUFF TEL. CO.					
Signature of Authorized Officer: Gary Neill				<small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=killduff tel. co.,l= , Date:11/30/2016</small> Date: 11/30/2016	
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	351407		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.					

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				Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop tel-ia, =Mabel MN 55954, Date:11/21/2016	
Date: 11/21/2016					
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)	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.					

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>Grand River Mutual Telephone Corporation</b>				
Signature of Authorized Officer <i>Gregg Davis</i>			Date <i>11-23-14</i>	
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>12/19/2016</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.				