

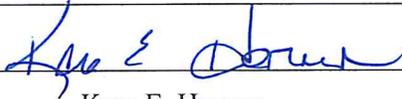
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer	Date 1/18/17
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Printed name of Authorized Officer                      Kara E. Horner

Title or position of Authorized Officer                      Director of Finance

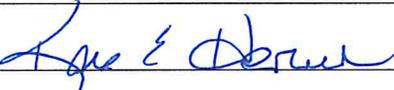
Telephone number or Authorized Officer.                      (864) 682-3131 ext. 3718

Study Area Code of Reporting Carrier	<b>240538</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.

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

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

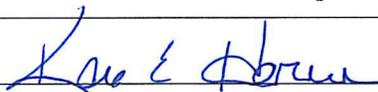
Name of Reporting Carrier		<b>Piedmont Rural Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer			Date 1/18/17	
Printed name of Authorized Officer		Kara E. Horner		
Title or position of Authorized Officer		Director of Finance		
Telephone number of Authorized Officer.		(864) 682-3131 ext. 3718		
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

**1/18/17**

Printed name of Authorized Officer

**Kara E. Horner**

Title or position of Authorized Officer

**Director of Finance**

Telephone number or Authorized Officer.

**(864) 682-3131 ext. 3718**

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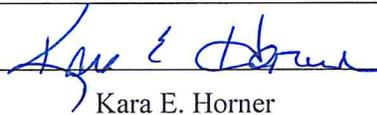
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

**1/19/17**

Printed name of Authorized Officer

**Kara E. Horner**

Title or position of Authorized Officer

**Director of Finance**

Telephone number or Authorized Officer.

**(864) 682-3131 ext. 3718**

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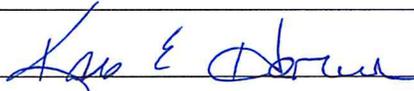
**Certification of Officer for Rate-of-Return Carrier Seeking Base Period Revenue (BPR) Adjustment**

**I am an officer of the reporting carrier and I certify under penalty of perjury that, in accordance with Commission Order DA 15-739, this reporting carrier has:**

- **Terminated all of the intrastate access and reciprocal compensation traffic sent to it by Halo for termination during FY 2011 that it seeks to add to its BPR calculations;**
- **Billed Halo intrastate access and reciprocal compensation charges for such traffic during FY 2011 or before the close of the next regular billing cycle in Fiscal Year 2012 for the amounts to be added to BPR calculations;**
- **Received a finding of liability regarding compensation for such traffic from a court or state regulatory agency of competent jurisdiction;**
- **Filed a timely claim in the Halo Bankruptcy case that requests compensation for such traffic, and limited any BPR adjustment for a study area resulting from Commission Order DA 16-1417 such that it does not exceed the terminating portion of this reporting carrier's bankruptcy claim for that study area.**
- **Excluded any interest, late payment fees, collection fees, or attorney fees, or other types of revenue from this reporting carrier's BPR adjustment amounts and verified that the revenues supporting the requested BPR adjustments are not already included in the BPR calculations.**

Name of Reporting Carrier **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

**1/10/17**

Printed name of Authorized Officer

**Kara E. Horner**

Title or position of Authorized Officer

**Director of Finance**

Telephone number or Authorized Officer.

**(864) 682-3131 ext. 3718**

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