

VOLUME 1

APPENDIX C Exhibit 2

CARRIER CERTIFICATIONS Carrier Eligibility for CAF/ICC Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: OXFORD WEST TEL CO</p>					
<p>Signature of Authorized Officer or employee: Dawna Hannan</p>				<p>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford west tel co,l=Lewiston ME 04240, Date:5/24/2017</p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: Dawna Hannan</p>					
<p>Title or position of Authorized Officer or employee: Director Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 207-333-3455</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>100002</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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>					

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<p>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).</p>					
<p>Name of Reporting Carrier: LINCOLNVILLE NETWRKS</p>					
<p>Signature of Authorized Officer or employee: Shirley Manning</p>				<p><small>Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@lintelco.net,O=lincolnvillenetwrks,lc= , Date:5/18/2017</small></p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Shirley Manning</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 207-563-9941</p>					
<p>Study Area Code of Reporting Carrier</p>	100003		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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>					

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Name of Reporting Carrier: COMMUNITY SERVICE					
Signature of Authorized Officer or employee: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=community service, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	100015		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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.					

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Name of Reporting Carrier: OXFORD COUNTY TEL					
Signature of Authorized Officer or employee: 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:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer or employee: Dawna Hannan					
Title or position of Authorized Officer or employee: Director Regulatory Affairs					
Telephone number of Authorized Officer or employee: 207-333-3455					
Study Area Code of Reporting Carrier	100019		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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.					

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

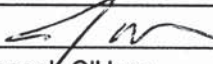
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Union River Telephone Company	
Signature of authorized officer			Date		05/22/2017
Printed name of authorized officer			William S. Silsby, Jr.		
Title or position of authorized officer			President/General Manager		
Telephone number of authorized officer: (207) 584-9911, ext.					
Study Area Code of Reporting Carrier		100027	Filing Due Date for this form (mm/dd/yyyy)		6/16/2017
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.					

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<p>Name of Reporting Carrier: UNITEL, INC.</p>					
<p>Signature of Authorized Officer or employee: Laurie Osgood</p>				<p><small>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@unitel.me,O=unitel, inc.,I=Unity ME 04988-0165, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Laurie Osgood</p>					
<p>Title or position of Authorized Officer or employee: CEO/President</p>					
<p>Telephone number of Authorized Officer or employee: 207-948-9952</p>					
Study Area Code of Reporting Carrier	100029		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

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Name of Reporting Carrier Magna5 RTC LLC			
Signature of authorized officer 		Date 5-30-17	
Printed name of authorized officer Joseph O'Hara			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (214) 624-9969			
Study Area Code of Reporting Carrier 110737		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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.			

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Name of Reporting Carrier Bretton Woods Telephone Company, Inc.			
Signature of authorized officer <i>Karen M. Wante</i>		Date	5/17/2017
Printed name of authorized officer Karen M. Wante			
Title or position of authorized officer Vice President			
Telephone number of authorized officer: (603) 278-9911			
Study Area Code of Reporting Carrier 120038		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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.			

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<p>Name of Reporting Carrier: GRANITE STATE TEL</p>					
<p>Signature of Authorized Officer or employee: Susan King</p>				<p><small>Digitally signed by Susan King DN:cn=Susan King,email=srand@gstnetworks.com,O=granite state tel,l=Weare NH 03281, Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Susan King</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 603-529-9941</p>					
<p>Study Area Code of Reporting Carrier</p>	120039		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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>					

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<p>Name of Reporting Carrier: DIXVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Ann Walsh</p>				<p><small>Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,= , Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Ann Walsh</p>					
<p>Title or position of Authorized Officer or employee: Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 781-402-1731</p>					
<p>Study Area Code of Reporting Carrier</p>	120042		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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>					

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Name of Reporting Carrier: DUNBARTON TEL CO					
Signature of Authorized Officer or employee: David Montgomery <small>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co, Date:5/16/2017</small>				Date: 5/16/2017	
Printed name of Authorized Officer or employee: David Montgomery					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 603-774-9911					
Study Area Code of Reporting Carrier	120043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

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Name of Reporting Carrier: FRANKLIN TEL CO - VT					
Signature of Authorized Officer or employee: Kimberly Gates Maynard				<small>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: 5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Kimberly Gates Maynard					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 802-285-9911					
Study Area Code of Reporting Carrier	140053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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.					

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Name of Reporting Carrier				TOPSHAM TELEPHONE COMPANY, INC.	
Signature of authorized officer			Date		5/16/2017
Printed name of authorized officer			MARK DE PERAZZO		
Title or position of authorized officer			CONTROLLER		
Telephone number of authorized officer: (315) 324-5911, ext.					
Study Area Code of Reporting Carrier		140068	Filing Due Date for this form (mm/dd/yyyy)		6/16/2017
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.					

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Name of Reporting Carrier: WAITSFIELD/FAYSTON					
Signature of Authorized Officer or employee: Roger Nishi				<small>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvr.com,O=waitsfield/fayston,l=Waitsfield VT 05673, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer or employee: Roger Nishi					
Title or position of Authorized Officer or employee: Vice President - Industry Relations					
Telephone number of Authorized Officer or employee: 802-496-8336					
Study Area Code of Reporting Carrier	140069		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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.					

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<p>Name of Reporting Carrier: VERMONT TEL. CO-VT</p>					
<p>Signature of Authorized Officer or employee: Fran Stocker</p>				<p><small>Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt,l= , Date:5/30/2017</small></p> <p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Fran Stocker</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 802-885-7745</p>					
<p>Study Area Code of Reporting Carrier</p>	147332		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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>					

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Name of Reporting Carrier: ARMSTRONG TEL CO-NY					
Signature of Authorized Officer or employee: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel co-ny,l= , Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer or employee: Mark Rankin					
Title or position of Authorized Officer or employee: Vice President Finance					
Telephone number of Authorized Officer or employee: 724-283-0925					
Study Area Code of Reporting Carrier	150071		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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.					

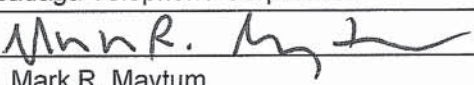
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<p>Name of Reporting Carrier: BERKSHIRE TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=berkshire tel corp, Date:5/23/2017</small></p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>150073</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
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Name of Reporting Carrier				Cassadaga Telephone Corporation	
Signature of authorized officer				Date	05/30/2017
Printed name of authorized officer		Mark R. Maytum			
Title or position of authorized officer		President, COO			
Telephone number of authorized officer:		(716) 673-3000			
Study Area Code of Reporting Carrier		150076	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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<p>Name of Reporting Carrier: CHAMPLAIN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mark Webster</p>				<p><small>Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel co, =Champlain NY 12919, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Mark Webster</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 518-298-2480</p>					
Study Area Code of Reporting Carrier	150077		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

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<p>Name of Reporting Carrier: CHAUTAUQUA & ERIE</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=chautauqua & erie,l= , Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	150078		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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>					

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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 <i>CITIZENS TELEPHONE COMPANY OF HAMMOND, NEW YORK, INC.</i>				
Signature of authorized officer <i>Mark De Perriore</i>		Date <i>5/16/2017</i>		
Printed name of authorized officer <i>MARK DE PERRIOR</i>				
Title or position of authorized officer <i>CONTROLLER</i>				
Telephone number of authorized officer: <i>(315) 321-5911, ext.</i>				
Study Area Code of Reporting Carrier	<i>150081</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TACONIC TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=taconic tel corp, Date:5/23/2017</small></p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>150084</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CROWN POINT TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Shana Macey</p>				<p><small>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:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Shana Macey</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 518-597-3300</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>150085</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: DELHI TEL CO					
Signature of Authorized Officer or employee: 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:5/26/2017</small>				Date: 5/26/2017	
Printed name of Authorized Officer or employee: Jason Miller					
Title or position of Authorized Officer or employee: Vice President/Treasurer					
Telephone number of Authorized Officer or employee: 607-746-1524					
Study Area Code of Reporting Carrier	150088		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Dunkirk and Fredonia Telephone Company	
Signature of authorized officer			Date		05/30/2017
Printed name of authorized officer			Mark R. Maytum		
Title or position of authorized officer			President, COO		
Telephone number of authorized officer: (716) 673-3000, ext.					
Study Area Code of Reporting Carrier		150091	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: EMPIRE TEL CORP					
Signature of Authorized Officer or employee: Tom Prestigiacomo				<small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: Tom Prestigiacomo					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 607-522-4237					
Study Area Code of Reporting Carrier	150093		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FISHERS ISLAND TEL</p>					
<p>Signature of Authorized Officer or employee: J. Finan</p>				<p><small>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: J. Finan</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 631-788-7251</p>					
Study Area Code of Reporting Carrier	150095		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: GERMANTOWN TEL CO					
Signature of Authorized Officer or employee: Bruce Bohnsack <small>Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel co,l=Germantown NY 12526, Date:5/18/2017</small>				Date: 5/18/2017	
Printed name of Authorized Officer or employee: Bruce Bohnsack					
Title or position of Authorized Officer or employee: President and CEO					
Telephone number of Authorized Officer or employee: 518-537-4835					
Study Area Code of Reporting Carrier	150097		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HANCOCK TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Wrighter, Jr</p>				<p>Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robj@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Robert Wrighter, Jr</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 607-637-9912</p>					
Study Area Code of Reporting Carrier	150099		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: MARGARETVILLE TEL CO					
Signature of Authorized Officer or employee: 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:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer or employee: Glen Faulkner					
Title or position of Authorized Officer or employee: Asst Secretary / Treasurer					
Telephone number of Authorized Officer or employee: 845-586-3311					
Study Area Code of Reporting Carrier	150104		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MIDDLEBURGH TEL CO</p>					
<p>Signature of Authorized Officer or employee: Marjorie Becker</p>				<p><small>Digitally signed by Marjorie Becker DN:cn=Marjorie Becker, email=info@midtel.net, O=middleburgh tel co, l=Middleburgh NY 12122-0191, Date: 5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Marjorie Becker</p>					
<p>Title or position of Authorized Officer or employee: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 518-827-5211</p>					
Study Area Code of Reporting Carrier	150105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NEWPORT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Joseph Tomaino</p>				<p>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,l=Newport NY 13416, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Joseph Tomaino</p>					
<p>Title or position of Authorized Officer or employee: Vice President of Operations</p>					
<p>Telephone number of Authorized Officer or employee: 315-845-8112</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>150107</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: NICHOLVILLE TEL CO					
Signature of Authorized Officer or employee: Jeffrey McGrath				<small>Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer or employee: Jeffrey McGrath					
Title or position of Authorized Officer or employee: Vice President/Regulatory					
Telephone number of Authorized Officer or employee: 315-328-5333					
Study Area Code of Reporting Carrier	150108		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: ONEIDA COUNTY RURAL					
Signature of Authorized Officer or employee: Heather Kirkland <div> <small>Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural, Date:5/19/2017</small> </div>				Date: 5/19/2017	
Printed name of Authorized Officer or employee: Heather Kirkland					
Title or position of Authorized Officer or employee: Director of Finance & Accounting					
Telephone number of Authorized Officer or employee: 315-865-5201					
Study Area Code of Reporting Carrier	150111		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ONTARIO TEL CO, INC.</p>					
<p>Signature of Authorized Officer or employee: Sean Socha</p>				<p><small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= , Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Sean Socha</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 585-433-6666</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>150112</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PATTERSONVILLE TEL</p>					
<p>Signature of Authorized Officer or employee: Tammy Krisher</p>				<p><small>Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel,l=Rotterdam Junc NY 12150, Date:5/19/2017</small></p> <p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Tammy Krisher</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 518-887-2121</p>					
Study Area Code of Reporting Carrier	150116		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: STATE TEL CO					
Signature of Authorized Officer or employee: 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:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Mark Evans					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 518-731-6128					
Study Area Code of Reporting Carrier	150125		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TRUMANSBURG TEL CO.</p>					
<p>Signature of Authorized Officer or employee: Sean Socha</p>				<p><small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=trumansburg tel co.,l= , Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Sean Socha</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 585-433-6666</p>					
Study Area Code of Reporting Carrier	150131		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Alteva of Warwick LLC	
Signature of authorized officer				Date	5-25-17
Printed name of authorized officer		Charles E. Richardson			
Title or position of authorized officer		VP and General Counsel			
Telephone number of authorized officer:		(205) 978-4411 ext.			
Study Area Code of Reporting Carrier	150135	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Alteva of Warwick LLC	
Signature of authorized officer				Date	5-25-17
Printed name of authorized officer		Charles E. Richardson			
Title or position of authorized officer		VP and General Counsel			
Telephone number of authorized officer:		(205) 978-4411 ext.			
Study Area Code of Reporting Carrier		160135	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BENTLEYVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=bentleyville tel co, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>170145</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Citizens Telephone Company of Kecksburg	
Signature of authorized officer			Date		5/25/2017
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)		6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: HICKORY TEL CO					
Signature of Authorized Officer or employee: Terri Jeffers				<small>Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tlj@hky.com,O=hickory tel co,l= , Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: Terri Jeffers					
Title or position of Authorized Officer or employee: Regulatory Director					
Telephone number of Authorized Officer or employee: 724-356-2211					
Study Area Code of Reporting Carrier	170171		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LACKAWAXEN TELECOM</p>					
<p>Signature of Authorized Officer or employee: Deborah Szmyd</p>				<p><small>Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,l=Rowland PA 18457, Date:5/30/2017</small></p> <p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Deborah Szmyd</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 570-685-1096</p>					
<p>Study Area Code of Reporting Carrier</p>	170177		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MARIANNA - SCENERY</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=marianna - scenery,l= , Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	170185		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ARMSTRONG TEL CO-PA</p>					
<p>Signature of Authorized Officer or employee: Mark Rankin</p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel co-pa,lc= , Date:5/30/2017</small></p> <p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Mark Rankin</p>					
<p>Title or position of Authorized Officer or employee: Vice President Finance</p>					
<p>Telephone number of Authorized Officer or employee: 724-283-0925</p>					
Study Area Code of Reporting Carrier	170189		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTH-EASTERN PA TEL</p>					
<p>Signature of Authorized Officer or employee: Steven Tourje</p>				<p>Digitally signed by Steven Tourje DN:cn=Steven Tourje,email=stourje@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:5/30/2017</p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Steven Tourje</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 570-785-2216</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>170191</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTH PENN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tom Prestigiacomo</p>				<p><small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Tom Prestigiacomo</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 607-522-4237</p>					
<p>Study Area Code of Reporting Carrier</p>	170192		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ARMSTRONG TEL NORTH</p>					
<p>Signature of Authorized Officer or employee: Mark Rankin</p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel north,lc=, Date:5/30/2017</small></p> <p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Mark Rankin</p>					
<p>Title or position of Authorized Officer or employee: Vice President Finance</p>					
<p>Telephone number of Authorized Officer or employee: 724-283-0925</p>					
Study Area Code of Reporting Carrier	170195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PALMERTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Timothy Hausman</p>				<p><small>Digitally signed by Timothy Hausman DN: cn=Timothy Hausman, email=THausman@pencor.com, O=palmerton tel co, Inc., Date: 5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Timothy Hausman</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 610-826-9433</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>170196</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PENNSYLVANIA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mary Davis</p>				<p><small>Digitally signed by Mary Davis DN:cn=Mary Davis,email=patelco@ovalinternet.net,O=pennsylvania tel co, Date:5/30/2017</small></p> <p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Mary Davis</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 570-745-7101</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>170197</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: PYMATUNING IND TEL					
Signature of Authorized Officer or employee: Amanda Molina <div> <small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=pymatuning ind tel,lc=US, Date:5/25/2017</small> </div>				Date: 5/25/2017	
Printed name of Authorized Officer or employee: Amanda Molina					
Title or position of Authorized Officer or employee: Vice President of External Relations					
Telephone number of Authorized Officer or employee: 904-259-0029					
Study Area Code of Reporting Carrier	170200		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SOUTH CANAAN TEL CO</p>					
<p>Signature of Authorized Officer or employee: James Kail</p>				<p>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtot.com,O=south canaan tel co,l=Stahlstown PA 15687-0168, Date:5/23/2017</p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: James Kail</p>					
<p>Title or position of Authorized Officer or employee: CEO & President</p>					
<p>Telephone number of Authorized Officer or employee: 724-593-2411</p>					
Study Area Code of Reporting Carrier	170205		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: VENUS TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Janice Kline</p>				<p><small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel corp,I=Venus PA 16364, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Janice Kline</p>					
<p>Title or position of Authorized Officer or employee: General Manager and Asst. Sec/Treas.</p>					
<p>Telephone number of Authorized Officer or employee: 814-354-6400</p>					
Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEST SIDE TEL CO-PA</p>					
<p>Signature of Authorized Officer or employee: John Ludenia</p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa,l= , Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: John Ludenia</p>					
<p>Title or position of Authorized Officer or employee: V.P. Operations, General manager</p>					
<p>Telephone number of Authorized Officer or employee: 304-983-8642</p>					
<p>Study Area Code of Reporting Carrier</p>	170277		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ARMSTRONG TEL OF MD</p>					
<p>Signature of Authorized Officer or employee: Mark Rankin</p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel of md, Date:5/30/2017</small></p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Mark Rankin</p>					
<p>Title or position of Authorized Officer or employee: Vice President Finance</p>					
<p>Telephone number of Authorized Officer or employee: 724-283-0925</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>180216</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Buggs Island Telephone Cooperative			
Signature of authorized officer <i>Michele Taylor</i>		Date 5/24/17	
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)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BURKE'S GARDEN TEL</p>					
<p>Signature of Authorized Officer or employee: Missy Lynch</p>				<p><small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Missy Lynch</p>					
<p>Title or position of Authorized Officer or employee: Office Manager/Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 276-472-2345</p>					
Study Area Code of Reporting Carrier	190220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CITIZENS TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Greg Sapp</p>				<p>Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel coop,l=Floyd VA 24091-0137, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Greg Sapp</p>					
<p>Title or position of Authorized Officer or employee: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 540-745-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>190225</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MGW TEL. CO. INC.</p>					
<p>Signature of Authorized Officer or employee: Sheri Smith</p>				<p><small>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc.,l= , Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Sheri Smith</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 540-925-5235</p>					
<p>Study Area Code of Reporting Carrier</p>	190238		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NEW HOPE TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Laurie Hensley</p>				<p><small>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,l=New Hope VA 24469, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Laurie Hensley</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 540-363-6277</p>					
Study Area Code of Reporting Carrier	190239		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Pembroke Telephone Cooperative				
Signature of authorized officer <i>Leon A. Law</i>			Date	05/22/2017
Printed name of authorized officer Leon A. Law				
Title or position of authorized officer President				
Telephone number of authorized officer: (540) 626-7111				
Study Area Code of Reporting Carrier		190243	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PEOPLES MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=peoples mutual tel, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	190244		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SCOTT COUNTY COOP</p>					
<p>Signature of Authorized Officer or employee: Daniel Odom</p>				<p><small>Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Daniel Odom</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 276-452-7224</p>					
Study Area Code of Reporting Carrier	190248		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SHENANDOAH TEL CO</p>					
<p>Signature of Authorized Officer or employee: Jay Turtora</p>				<p><small>Digitally signed by Jay Turtora DN:cn=Jay Turtora,email=Jay.turtora@emp.shentel.com,O=shenandoah tel co, Inc., Date:5/30/2017</small></p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Jay Turtora</p>					
<p>Title or position of Authorized Officer or employee: V.P. Accounting & Planning</p>					
<p>Telephone number of Authorized Officer or employee: 540-984-5295</p>					
<p>Study Area Code of Reporting Carrier</p>	190250		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SHENANDOAH - NR</p>					
<p>Signature of Authorized Officer or employee: Jay Turtora</p>				<p><small>Digitally signed by Jay Turtora DN:cn=Jay Turtora,email=Jay.turtora@emp.shentel.com,O=shenandoah - nr, Date:5/30/2017</small></p> <p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Jay Turtora</p>					
<p>Title or position of Authorized Officer or employee: V.P. Accounting & Planning</p>					
<p>Telephone number of Authorized Officer or employee: 540-984-5295</p>					
<p>Study Area Code of Reporting Carrier</p>	197251		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: ARMSTRONG OF WV					
Signature of Authorized Officer or employee: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong of wv,l= , Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer or employee: Mark Rankin					
Title or position of Authorized Officer or employee: Vice President Finance					
Telephone number of Authorized Officer or employee: 724-283-0925					
Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SPRUCE KNOB SENECA</p>					
<p>Signature of Authorized Officer or employee: Vickie Colaw</p>				<p>Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,l=Riverton WV 26814-0100, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Vickie Colaw</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 304-567-2121</p>					
<p>Study Area Code of Reporting Carrier</p>	200257		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: HARDY TELECOM					
Signature of Authorized Officer or employee: Scott Sherman <small>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,lc= , Date:5/16/2017</small>				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Scott Sherman					
Title or position of Authorized Officer or employee: General Manager & CEO					
Telephone number of Authorized Officer or employee: 304-897-9911					
Study Area Code of Reporting Carrier	200259		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: ARMSTRONG TEL. CO.					
Signature of Authorized Officer or employee: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.,l=, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer or employee: Mark Rankin					
Title or position of Authorized Officer or employee: Vice President Finance					
Telephone number of Authorized Officer or employee: 724-283-0925					
Study Area Code of Reporting Carrier	200267		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEST SIDE TEL-WV</p>					
<p>Signature of Authorized Officer or employee: John Ludenia</p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel-wv,l= , Date:5/17/2017</small></p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: John Ludenia</p>					
<p>Title or position of Authorized Officer or employee: V.P. Operations, General manager</p>					
<p>Telephone number of Authorized Officer or employee: 304-983-8642</p>					
<p>Study Area Code of Reporting Carrier</p>	200277		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GTC, INC.</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=gtc, inc.,l= , Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	210291		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GTC, INC.</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=gtc, inc.,l= , Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	210329		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ITS TELECOMM. SYS.</p>					
<p>Signature of Authorized Officer or employee: Bruce Russell</p>				<p><small>Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=brucer@its telecom.net,O=its telecom.sys.,l=Indiantown FL 34956, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Bruce Russell</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 772-597-2106</p>					
<p>Study Area Code of Reporting Carrier</p>	210331		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTHEAST FLORIDA</p>					
<p>Signature of Authorized Officer or employee: Amanda Molina</p>				<p><small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=northeast florida,l= , Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Amanda Molina</p>					
<p>Title or position of Authorized Officer or employee: Vice President of External Relations</p>					
<p>Telephone number of Authorized Officer or employee: 904-259-0029</p>					
Study Area Code of Reporting Carrier	210335		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GTC, INC.</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=gtc, inc.,l= , Date:5/24/2017</small></p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	210339		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALMA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kevin Brooks</p>				<p><small>Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel co,l=Alma GA 31510, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Kevin Brooks</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 912-632-8603</p>					
Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

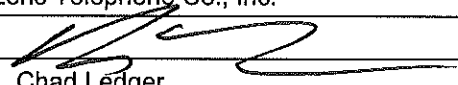
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BRANTLEY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Donovan Strickland</p>				<p><small>Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Donovan Strickland</p>					
<p>Title or position of Authorized Officer or employee: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 912-462-5111</p>					
Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BULLOCH COUNTY RURAL</p>					
<p>Signature of Authorized Officer or employee: John Scott</p>				<small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural, Date:5/18/2017</small> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: John Scott</p>					
<p>Title or position of Authorized Officer or employee: General Manager/COO</p>					
<p>Telephone number of Authorized Officer or employee: 912-865-1100</p>					
Study Area Code of Reporting Carrier	220348		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier Citizens Telephone Co., Inc.			
Signature of authorized officer 		Date	May 18, 2017
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)	6/16/2017
<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. §§ 602, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier: Darien Telephone Company			
Signature of authorized officer: <i>Mary Lou Forsyth</i>		Date:	5-17-17
Printed name of authorized officer: Mary Lou Forsyth			
Title or position of authorized officer: President			
Telephone number of authorized officer: (912) 437-6611 ext.			
Study Area Code of Reporting Carrier	220358	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GLENWOOD TEL CO</p>					
<p>Signature of Authorized Officer or employee: Janice O'Brien</p>				<small>Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,l=Glenwood GA 30428-0235, Date:5/22/2017</small> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Janice O'Brien</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 912-523-5111</p>					
Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier Hart Telephone Company			
Signature of authorized officer <i>Randy Daniel</i>		Date	05/17/2017
Printed name of authorized officer Randy Daniel			
Title or position of authorized officer President			
Telephone number of authorized officer: (706) 376-4701 , ext.			
Study Area Code of Reporting Carrier	220368	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: PEMBROKE TEL CO					
Signature of Authorized Officer or employee: Mary Anna Hite				<small>Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel co,l=Pembroke GA 31321, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Mary Anna Hite					
Title or position of Authorized Officer or employee: Secretary-Treasurer/General Manager					
Telephone number of Authorized Officer or employee: 912-653-4389					
Study Area Code of Reporting Carrier	220376		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PLANTERS RURAL COOP</p>					
<p>Signature of Authorized Officer or employee: John Lacienski</p>				<p><small>Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural coop,l=Newington GA 30446, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: John Lacienski</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 912-857-4411</p>					
<p>Study Area Code of Reporting Carrier</p>	220378		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: PLANT TEL. CO.					
Signature of Authorized Officer or employee: Gordon Duff <small>Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@planttel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/17/2017</small>				Date: 5/17/2017	
Printed name of Authorized Officer or employee: Gordon Duff					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 229-528-4777					
Study Area Code of Reporting Carrier	220379		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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.					

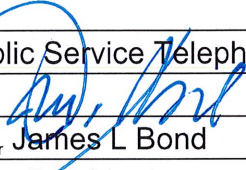
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PROGRESSIVE RURAL</p>					
<p>Signature of Authorized Officer or employee: Ron Chambers</p>				<p><small>Digitally signed by Ron Chambers DN:cn=Ron Chambers,email=ron.chambers@prtc.co,O=progressive rural,l=Rentz GA 31075, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Ron Chambers</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 478-984-4201</p>					
Study Area Code of Reporting Carrier	220380		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Public Service Telephone Company			
Signature of authorized officer: 		Date: 05/30/2017	
Printed name of authorized officer: James L Bond			
Title or position of authorized officer: President			
Telephone number of authorized officer: (478) 847-4111 ext.			
Study Area Code of Reporting Carrier	220381	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TRENTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Steven Tatum</p>				<p>Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel co,l= , Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Steven Tatum</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 706-657-4367</p>					
<p>Study Area Code of Reporting Carrier</p>	220389		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: WAVERLY HALL, LLC					
Signature of Authorized Officer or employee: Deborah Rand				<small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall, llc,lc= , Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Deborah Rand					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 603-472-9786					
Study Area Code of Reporting Carrier	220392		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BARNARDSVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Eric Cramer</p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=barnardsville tel co,lc= , Date:5/30/2017</p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Eric Cramer</p>					
<p>Title or position of Authorized Officer or employee: CEO and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 336-973-6112</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>230469</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

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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				Ellerbe Telephone Company	
Signature of authorized officer				Date	5/23/17
Printed name of authorized officer		Jeffrey W. Long			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer: (910) 652-2221					
Study Area Code of Reporting Carrier		230478	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

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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				North State Telephone Company dba North State Communications	
Signature of authorized officer		<i>Lynn B. Welborn</i>		Date	05/24/2017
Printed name of authorized officer		Lynn B. Welborn			
Title or position of authorized officer		Executive Vice President and Chief Administrative Officer			
Telephone number of authorized officer:		(336) 886-3766			
Study Area Code of Reporting Carrier		230491	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

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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				Pineville Telephone Company	
Signature of authorized officer				Date	5-30-17
Printed name of authorized officer		Tammy J. Vachon			
Title or position of authorized officer		Communications 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)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: RANDOLPH MEMBERSHIP					
Signature of Authorized Officer or employee: Kimberly Garner				<small>Digitally signed by Kimberly Garner DN:cn=Kimberly Garner,email=kgarner@rtmc.coop,O=randolph membership,l= , Date:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer or employee: Kimberly Garner					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 336-879-7911					
Study Area Code of Reporting Carrier	230496		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SURRY MEMBERSHIP</p>					
<p>Signature of Authorized Officer or employee: Curtis Taylor</p>				<p>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Curtis Taylor</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 336-374-4535</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>230497</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SALUDA MOUNTAIN TEL</p>					
<p>Signature of Authorized Officer or employee: Eric Cramer</p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=saluda mountain tel, Date:5/30/2017</small></p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Eric Cramer</p>					
<p>Title or position of Authorized Officer or employee: CEO and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 336-973-6112</p>					
<p>Study Area Code of Reporting Carrier</p>	230498		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SERVICE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Eric Cramer</p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=service tel co, Date:5/30/2017</small></p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Eric Cramer</p>					
<p>Title or position of Authorized Officer or employee: CEO and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 336-973-6112</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>230500</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SURRY MEMBERSHIP</p>					
<p>Signature of Authorized Officer or employee: Curtis Taylor</p>				<p>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Curtis Taylor</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 336-374-4535</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>230503</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TRI COUNTY TEL MEMBR</p>					
<p>Signature of Authorized Officer or employee: Gregory Coltrain</p>				<small>Digitally signed by Gregory Coltrain DN:cn=Gregory Coltrain,email=greg@gotricounty.biz,O=tri county tel membr,l=Belhaven NC 27810, Date:5/24/2017</small> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Gregory Coltrain</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 252-964-8000</p>					
Study Area Code of Reporting Carrier	230505		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WILKES MEMBERSHIP</p>					
<p>Signature of Authorized Officer or employee: Eric Cramer</p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes membership,lc= , Date:5/30/2017</p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Eric Cramer</p>					
<p>Title or position of Authorized Officer or employee: CEO and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 336-973-6112</p>					
<p>Study Area Code of Reporting Carrier</p>	230510		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PALMETTO RURAL COOP</p>					
<p>Signature of Authorized Officer or employee: Dewaine Wilson</p>				<p><small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Dewaine Wilson</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 843 538-9382</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>240536</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PBT TELECOM, INC.</p>					
<p>Signature of Authorized Officer or employee: L. Spearman</p>				<p><small>Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttl.net,O=pbt telecom, inc.,l= , Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: L. Spearman</p>					
<p>Title or position of Authorized Officer or employee: Director of Business Development</p>					
<p>Telephone number of Authorized Officer or employee: 803-894-1104</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>240539</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SANDHILL TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Lee Chambers</p>				<p><small>Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sandhill tel coop,l=Jefferson SC 29718, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Lee Chambers</p>					
<p>Title or position of Authorized Officer or employee: CEO/Manager</p>					
<p>Telephone number of Authorized Officer or employee: 843-658-6379</p>					
Study Area Code of Reporting Carrier	240546		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEST CAROLINA RURAL</p>					
<p>Signature of Authorized Officer or employee: Jeff Wilson</p>				<p>Digitally signed by Jeff Wilson DN:cn=Jeff Wilson,email=jeff.wilson@wctel.com,O=west carolina rural,l=Abbeville SC 29620-0610, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Jeff Wilson</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 864-446-9251</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>240550</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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>					

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Castleberry Telephone Co., Inc.		
Signature of authorized officer			Homer Holland		Date	5-24-17
Printed name of authorized officer				Homer Holland		
Title or position of authorized officer				Sec / Trans		
Telephone number of authorized officer				(251) 966-2115 ext.		
Study Area Code of Reporting Carrier		250285		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				National Telephone of Alabama, Inc.	
Signature of authorized officer			Date		5/05/2017
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		
Study Area Code of Reporting Carrier		250286	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Farmers Telecommunications Cooperative, Inc.	
Signature of authorized officer					Date
Printed name of authorized officer			Tyler Pair		05/24/2017
Title or position of authorized officer			CFO		
Telephone number of authorized officer:			(256) 638-2144, ext.		
Study Area Code of Reporting Carrier		2502920	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HAYNEVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Evelyn Causey</p>				<p>Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecasey@htcnet.net,O=hayneville tel co,l=Hayneville AL 36040, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Evelyn Causey</p>					
<p>Title or position of Authorized Officer or employee: President/COO</p>					
<p>Telephone number of Authorized Officer or employee: 334-548-2101</p>					
Study Area Code of Reporting Carrier	250299		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: MILLRY TEL CO					
Signature of Authorized Officer or employee: Paul Brown, Jr.				<small>Digitally signed by Paul Brown, Jr. DN:cn=Paul Brown, Jr.,email=gene@millry.com,O=millry tel co,l=Millry AL 36558, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer or employee: Paul Brown, Jr.					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 251-846-2911					
Study Area Code of Reporting Carrier	250304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MON-CRE TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Teresa Rich</p>				<p><small>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,I=Ramer AL 36069, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Teresa Rich</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 334-562-3242</p>					
<p>Study Area Code of Reporting Carrier</p>	250305		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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>					

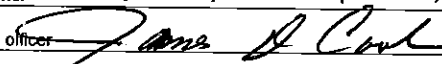
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MOUNDVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: R. Taylor</p>				<p><small>Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel co,l=Moundville AL 35474, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: R. Taylor</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 205-371-9011</p>					
Study Area Code of Reporting Carrier	250307		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				New Hope Telephone Cooperative, Inc.	
Signature of authorized officer				Date	5/30/17
Printed name of authorized officer		James D. Cook			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(256) 723-4211 ext.			
Study Area Code of Reporting Carrier		250308	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PINE BELT TEL CO</p>					
<p>Signature of Authorized Officer or employee: John Nettles</p>				<p><small>Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel co,l=Arlington AL 36722, Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: John Nettles</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 334-385-2106</p>					
<p>Study Area Code of Reporting Carrier</p>	250315		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: RAGLAND TEL CO					
Signature of Authorized Officer or employee: Matthew Jackson <small>Digitally signed by Matthew Jackson DN:cn=Matthew Jackson,email=mattjackson@ragland.net,O=ragland tel co,l=Ragland AL 35131, Date:5/30/2017</small>				Date: 5/30/2017	
Printed name of Authorized Officer or employee: Matthew Jackson					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 205-472-2141					
Study Area Code of Reporting Carrier	250316		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Roanoke Telephone Company, Inc.	
Signature of authorized officer			Date		5/05/2017
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		
Study Area Code of Reporting Carrier		250317	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Union Springs Telephone Co Inc	
Signature of authorized officer			Date		5/19/2017
Printed name of authorized officer			William H Freeman		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(334) 738-4400 ext.		
Study Area Code of Reporting Carrier		250322	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: BALLARD RURAL COOP					
Signature of Authorized Officer or employee: Randy Grogan				<small>Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,l=La Center KY 42056, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer or employee: Randy Grogan					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 270-665-5186					
Study Area Code of Reporting Carrier	260396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: BRANDENBURG TELEPHONE COMPANY, INC.			
Signature of authorized officer: 		Date: 05/17/2017	
Printed name of authorized officer: ALLISON WILLOUGHBY			
Title or position of authorized officer: GENERAL MANAGER			
Telephone number of authorized officer: (270) 422-2121			
Study Area Code of Reporting Carrier: 260398		Filing Due Date for this form (mm/dd/yyyy): 6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: DUO COUNTY TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Daryl Hammond</p>				<p><small>Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Daryl Hammond</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 270-343-3131</p>					
Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: FOOTHILLS RURAL COOP					
Signature of Authorized Officer or employee: Ruth Conley				<small>Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer or employee: Ruth Conley					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 606-297-9131					
Study Area Code of Reporting Carrier	260406		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LOGAN TEL. COOP. INC</p>					
<p>Signature of Authorized Officer or employee: Gregory Hale</p>				<p><small>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,l=Auburn KY 42206, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Gregory Hale</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Executive V.P.</p>					
<p>Telephone number of Authorized Officer or employee: 270-542-4121</p>					
Study Area Code of Reporting Carrier	260413		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Mountain Rural Telephone Coop. Corp., Inc.				
Signature of authorized officer <i>Jimmie Jones</i>			Date	05/17/2017
Printed name of authorized officer Jimmie Jones				
Title or position of authorized officer President				
Telephone number of authorized officer: (606) 743-3121				
Study Area Code of Reporting Carrier	260414	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PEOPLES RURAL COOP</p>					
<p>Signature of Authorized Officer or employee: Keith Gabbard</p>				<p><small>Digitally signed by Keith Gabbard DN:cn=Keith Gabbard,email=keith.gabbard@prtc.org,O=peoples rural coop,l=McKee KY 40447, Date:5/30/2017</small></p> <p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Keith Gabbard</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 606-287-7101</p>					
Study Area Code of Reporting Carrier	260415		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: THACKER/GRIGSBY TEL					
Signature of Authorized Officer or employee: William Grigsby				<small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,l=Hindman KY 41822, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: William Grigsby					
Title or position of Authorized Officer or employee: President/General Manager					
Telephone number of Authorized Officer or employee: 606-785-9500					
Study Area Code of Reporting Carrier	260419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEST KENTUCKY RURAL</p>					
<p>Signature of Authorized Officer or employee: Karen Jackson-Furman</p>				<p><small>Digitally signed by Karen Jackson-Furman DN:cn=Karen Jackson-Furman,email=kfurman.wk@wk.net,O=west kentucky rural, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Karen Jackson-Furman</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 270-856-9988</p>					
<p>Study Area Code of Reporting Carrier</p>	260421		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: CAMERON TEL CO - LA					
Signature of Authorized Officer or employee: Bruce Petry				<small>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co - la, =Sulphur LA 70664-0167, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Bruce Petry					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 337-583-2092					
Study Area Code of Reporting Carrier	270425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: CAMPTI-PLEASANT HILL					
Signature of Authorized Officer or employee: Tom Edens				Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campiti-pleasant hill,l=Natchitoches LA 71458, Date:5/26/2017 Date: 5/26/2017	
Printed name of Authorized Officer or employee: Tom Edens					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 318-352-0014					
Study Area Code of Reporting Carrier	270426		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: DELCAMBRE TEL CO					
Signature of Authorized Officer or employee: Matt Le Blanc <small>Digitally signed by Matt Le Blanc DN:cn=Matt Le Blanc,email=deltel@delcambre.net,O=delcambre tel co,l= , Date:5/16/2017</small>				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Matt Le Blanc					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 337-685-2342					
Study Area Code of Reporting Carrier	270428		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ELIZABETH TEL CO</p>					
<p>Signature of Authorized Officer or employee: Bruce Petry</p>				<p><small>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel co,l=Sulphur LA 70664-0167, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Bruce Petry</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 337-583-2092</p>					
Study Area Code of Reporting Carrier	270430		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	Kaplan Telephone Company		
Signature of authorized officer		Date	05/17/2017
Printed name of authorized officer	Richard Constantin		
Title or position of authorized officer	Controller		
Telephone number of authorized officer:	(337) 643-7171, ext.		
Study Area Code of Reporting Carrier	270432	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: LAFOURCHE TEL CO					
Signature of Authorized Officer or employee: Peter Louviere				<small>Digitally signed by Peter Louviere DN:cn=Peter Louviere,email=peter.louviere@corp.viscom.net,O=lafourche tel co, Larose LA 70373, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer or employee: Peter Louviere					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 985-693-0265					
Study Area Code of Reporting Carrier	270433		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: NORTHEAST LOUISIANA					
Signature of Authorized Officer or employee: Mike George <small>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,lc=Collinston LA 71229, Date:5/17/2017</small>				Date: 5/17/2017	
Printed name of Authorized Officer or employee: Mike George					
Title or position of Authorized Officer or employee: President / General Manager					
Telephone number of Authorized Officer or employee: 318-874-7011					
Study Area Code of Reporting Carrier	270435		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Reserve Telephone Company, Inc.	
Signature of authorized officer			Date		05/26/2017
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)	6/16/2017	

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: STAR TEL CO</p>					
<p>Signature of Authorized Officer or employee: Rebecca Knighten</p>				<p><small>Digitally signed by Rebecca Knighten DN:cn=Rebecca Knighten,email=rebeccaknighten@star.brcocmail.com,O=star tel co,l= , Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Rebecca Knighten</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 225-926-0191</p>					
<p>Study Area Code of Reporting Carrier</p>	270441		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Bay Springs Telephone Company, Inc.	
Signature of authorized officer			Date		5/05/2017
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					
Study Area Code of Reporting Carrier		280446	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: DECATUR TEL CO -MS					
Signature of Authorized Officer or employee: Esther Smith, PhD <small>Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel co -ms,l=Decatur MS 39327, Date:5/16/2017</small>				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Esther Smith, PhD					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 601-635-2251					
Study Area Code of Reporting Carrier	280451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: DELTA TEL CO					
Signature of Authorized Officer or employee: Brooks DerryBerry				<small>Digitally signed by Brooks DerryBerry DN:cn=Brooks DerryBerry,email=bderryberry@telapexinc.com,O=delta tel co, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer or employee: Brooks DerryBerry					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 601-355-1522					
Study Area Code of Reporting Carrier	280452		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FRANKLIN TEL CO - MS</p>					
<p>Signature of Authorized Officer or employee: Tom Griffin</p>				<p>Digitally signed by Tom Griffin DN:cn=Tom Griffin,email=tgriffin@franklintelephone.com,O=franklin tel co - ms, Bude MS 39630, Date:5/22/2017</p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: Tom Griffin</p>					
<p>Title or position of Authorized Officer or employee: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 601-384-3390</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>280454</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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>					

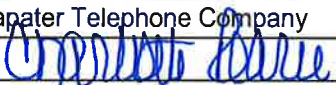
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GEORGETOWN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Joie Miller</p>				<p>Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlco.com,O=georgetown tel co,l=Georgetown MS 39078, Date:5/19/2017</p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: Joie Miller</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 601-858-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>280456</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LAKESIDE TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Robert Sledge Jr.</p>				<p><small>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:5/17/2017</small></p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Robert Sledge Jr.</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 662-569-3311</p>					
<p>Study Area Code of Reporting Carrier</p>	280457		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier Noxapater Telephone Company			
Signature of authorized officer 		Date	05/24/2017
Printed name of authorized officer Charlotte Pearce			
Title or position of authorized officer Vice-President			
Telephone number of authorized officer: (601) 764-3171 , ext.			
Study Area Code of Reporting Carrier	280461	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: SLEDGE TEL CO					
Signature of Authorized Officer or employee: Robert Sledge Jr. <small>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:5/17/2017</small>				Date: 5/17/2017	
Printed name of Authorized Officer or employee: Robert Sledge Jr.					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 662-569-3311					
Study Area Code of Reporting Carrier	280466		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ARDMORE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Karen Jackson-Furman</p>				<p>Digitally signed by Karen Jackson-Furman DN:cn=Karen Jackson-Furman,email=kfurman.wk@wk.net,O=ardmore tel co, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Karen Jackson-Furman</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 270-856-9988</p>					
Study Area Code of Reporting Carrier	290280		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Ben Lomand Rural Telephone Cooperative, Inc.				
Signature of authorized officer <i>Lisa Cope</i>			Date	5/2/2017
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)	5/30/2017
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Bledsoe Telephone Cooperative, Inc.	
Signature of authorized officer		<i>John Lee Downey</i>		Date	5-23-17
Printed name of authorized officer		John Lee Downey			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(423) 447-2121, ext.			
Study Area Code of Reporting Carrier	290554	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Crockett Telephone Company, Inc.	
Signature of authorized officer			Date		5/05/2017
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					
Study Area Code of Reporting Carrier		290561	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: DEKALB TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Joe Mitchell</p>				<p>Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=joem@dtccom.net,O=dekalb tel coop,l=Alesandria TN 37012, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Joe Mitchell</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 615-464-2254</p>					
<p>Study Area Code of Reporting Carrier</p>	290562		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	Highland Telephone Cooperative, Inc.				
Signature of authorized officer				Date	5/30/2017
Printed name of authorized officer	G. Mark Patterson				
Title or position of authorized officer	Chief Executive Officer				
Telephone number of authorized officer: () - . ext.	423 628-2750 ext 229				
Study Area Code of Reporting Carrier	290565		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier		Loretto Telephone Company, Inc.	
Signature of authorized officer	Desda K. Hutchins	Date	05/17/17
Printed name of authorized officer		Desda K. Hutchins	
Title or position of authorized officer		President, CEO	
Telephone number of authorized officer:		831-853-4354 ext.	
Study Area Code of Reporting Carrier	290570	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTH CENTRAL COOP</p>					
<p>Signature of Authorized Officer or employee: Johnny McClanahan</p>				<p>Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central coop,l=Lafayette TN 37083, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Johnny McClanahan</p>					
<p>Title or position of Authorized Officer or employee: VP Finance and Adm. Services</p>					
<p>Telephone number of Authorized Officer or employee: 615-666-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>290573</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Peoples Telephone Company	
Signature of authorized officer			Date		5/05/2017
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		
Study Area Code of Reporting Carrier		290576	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: UTC-TN-UNITED COMM</p>					
<p>Signature of Authorized Officer or employee: William Bradford</p>				<p><small>Digitally signed by William Bradford DN:cn=William Bradford,email=wbradford@united.net,O=utc-tn-united comm, =Chapel Hill TN 37034, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: William Bradford</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 931-364-4322</p>					
<p>Study Area Code of Reporting Carrier</p>	290581		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				West Tennessee Telephone Company, Inc.	
Signature of authorized officer			Date		5/05/2017
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		
Study Area Code of Reporting Carrier		290583	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEST KY COOP-TN</p>					
<p>Signature of Authorized Officer or employee: Karen Jackson-Furman</p>				<p><small>Digitally signed by Karen Jackson-Furman DN:cn=Karen Jackson-Furman,email=kfurman.wk@wk.net,O=west ky coop-tn, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Karen Jackson-Furman</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 270-856-9988</p>					
<p>Study Area Code of Reporting Carrier</p>	290598		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: THE ARTHUR MUTUAL</p>					
<p>Signature of Authorized Officer or employee: Eric Roughton</p>				<p><small>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual,lc=, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Eric Roughton</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Sec'y/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 419-393-2233</p>					
Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: AYERSVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Phil Maag</p>				<p><small>Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel co, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Phil Maag</p>					
<p>Title or position of Authorized Officer or employee: Sec./Treas. & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-395-2222</p>					
Study Area Code of Reporting Carrier	300588		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BASCOM MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Laura Wise</p>				<p>Digitally signed by Laura Wise DN:cn=Laura Wise,email=law@bascomtelephone.com,O=bascom mutual tel co,/=Bascom OH 44809-0316, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Laura Wise</p>					
<p>Title or position of Authorized Officer or employee: Board Assistant Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 419-937-2222</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300589</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BENTON RIDGE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Martin Ellerbrock</p>				<p><small>Digitally signed by Martin Ellerbrock DN:cn=Martin Ellerbrock,email=martin@watchtv.net,O=benton ridge tel co, Date:5/29/2017</small></p> <p>Date: 5/29/2017</p>	
<p>Printed name of Authorized Officer or employee: Martin Ellerbrock</p>					
<p>Title or position of Authorized Officer or employee: General Manager & Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 419-859-2245</p>					
Study Area Code of Reporting Carrier	300590		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Buckland Telephone Company**

Signature of authorized officer *Douglas G. Place* Date **5-24-17**

Printed name of authorized officer **Douglas G. Place**

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

Telephone number of authorized officer: **(419) 657-2222**, ext.

Study Area Code of Reporting Carrier	300591	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: THE CHAMPAIGN TEL CO					
Signature of Authorized Officer or employee: Tiffany Ebersold				<small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co, Date: 5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer or employee: Tiffany Ebersold					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 937-653-2263					
Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: MCCLURE TEL CO					
Signature of Authorized Officer or employee: Lance Miller				<small>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel co,l=McClure OH 43534-0026, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Lance Miller					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 419-748-8032					
Study Area Code of Reporting Carrier	300598		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COLUMBUS GROVE TEL</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=columbus grove tel, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300604</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: CONNEAUT TEL CO					
Signature of Authorized Officer or employee: Deanna Brown <small>Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel co,l=Conneaut OH 44030, Date:5/24/2017</small>				Date: 5/24/2017	
Printed name of Authorized Officer or employee: Deanna Brown					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 440-593-7138					
Study Area Code of Reporting Carrier	300606		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: DOYLESTOWN TEL CO					
Signature of Authorized Officer or employee: Thomas Brockman <small>Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=tbrockman@doylestowntelephone.com,O=doylestown tel co,lc=, Date:5/19/2017</small>				Date: 5/19/2017	
Printed name of Authorized Officer or employee: Thomas Brockman					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 330-658-2121					
Study Area Code of Reporting Carrier	300609		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Cheryl Bostelman</p>				<p><small>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=farmers mutual tel, Date:5/17/2017</small></p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Cheryl Bostelman</p>					
<p>Title or position of Authorized Officer or employee: Secretary/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-758-3303</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300612</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: FORT JENNINGS TEL CO					
Signature of Authorized Officer or employee: Michael Metzger				<small>Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel co,l=Ft. Jennings OH 45844-0146, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer or employee: Michael Metzger					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 419-286-2181					
Study Area Code of Reporting Carrier	300614		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GERMANTOWN INDEPEND</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=germantown independ,lc= , Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	300618		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GLANDORF TEL CO</p>					
<p>Signature of Authorized Officer or employee: David Hunt</p>				<p><small>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel co,lglandorf OH 45848, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: David Hunt</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-538-6987</p>					
Study Area Code of Reporting Carrier	300619		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: KALIDA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Chris Phillips</p>				<p><small>Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Chris Phillips</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-532-3218</p>					
Study Area Code of Reporting Carrier	300625		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MIDDLE POINT HOME</p>					
<p>Signature of Authorized Officer or employee: Bruce Hanson</p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,lc= , Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Bruce Hanson</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 320-847-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	300633		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MINFORD TEL CO</p>					
<p>Signature of Authorized Officer or employee: Paula McGraw</p>				<p>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Paula McGraw</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 740-820-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300634</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: THE NEW KNOXVILLE</p>					
<p>Signature of Authorized Officer or employee: Preston Meyer</p>				<p>Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=preston@nktelco.net,O=the new knoxville, n=New Knoxville OH 45871-0219, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Preston Meyer</p>					
<p>Title or position of Authorized Officer or employee: Sales Manager/Chief Operating Officer</p>					
<p>Telephone number of Authorized Officer or employee: 419-753-2457</p>					
Study Area Code of Reporting Carrier	300639		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: THE NOVA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Charles Mattingly</p>				<p><small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kcclenterprises.net,O=the nova tel co,l=Judson TX 75660, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Charles Mattingly</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 903-663-0099</p>					
<p>Study Area Code of Reporting Carrier</p>	300644		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ORWELL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=orwell tel co,lc=, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	300649		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: OTTOVILLE MUTUAL					
Signature of Authorized Officer or employee: William Honigford				<small>Digitally signed by William Honigford DN:cn=William Honigford,email=billh@ottovillemutual.com,O=ottoville mutual,l=Ottoville OH 45876-0427, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: William Honigford					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 419-453-3324					
Study Area Code of Reporting Carrier	300650		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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.					

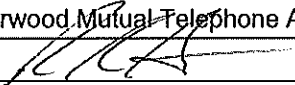
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PATTERSONVILLE TEL</p>					
<p>Signature of Authorized Officer or employee: Aaron Jones</p>				<p>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,lc=Carrollton OH 44615, Date:5/30/2017</p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Aaron Jones</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 330-895-4391</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300651</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: RIDGEVILLE TEL CO					
Signature of Authorized Officer or employee: Matthew Eggers				<small>Digitally signed by Matthew Eggers DN:cn=Matthew Eggers,email=olg1355@bright.net,O=ridgeville tel co,l=Ridgeville Corners OH 43555, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Matthew Eggers					
Title or position of Authorized Officer or employee: President, Board of Directors					
Telephone number of Authorized Officer or employee: 419-267-5185					
Study Area Code of Reporting Carrier	300654		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Sherwood Mutual Telephone Association, Inc.				
Signature of authorized officer 			Date	05/30/2017
Printed name of authorized officer Rick 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)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SYCAMORE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Richard Ekleberry II</p>				<p><small>Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycotelco.com,O=sycamore tel co,l= , Date:5/26/2017</small></p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Richard Ekleberry II</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-927-6012</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300658</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: TELEPHONE SERVICE					
Signature of Authorized Officer or employee: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: Bruce Hanson					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 320-847-2211					
Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: VAUGHNSVILLE TEL CO					
Signature of Authorized Officer or employee: Martha Kaplan <small>Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:5/30/2017</small>				Date: 5/30/2017	
Printed name of Authorized Officer or employee: Martha Kaplan					
Title or position of Authorized Officer or employee: Manager/Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 419-646-3431					
Study Area Code of Reporting Carrier	300663		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: WABASH MUTUAL TEL CO					
Signature of Authorized Officer or employee: Mike Boley <small>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel co, Date:5/30/2017</small>				Date: 5/30/2017	
Printed name of Authorized Officer or employee: Mike Boley					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 419-942-1111					
Study Area Code of Reporting Carrier	300664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALLBAND COMM COOP</p>					
<p>Signature of Authorized Officer or employee: Ron Siegel</p>				<p><small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop, Date: 5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Ron Siegel</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 989-369-9999</p>					
Study Area Code of Reporting Carrier	310542		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BARAGA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Paul Stark</p>				<p><small>Digitally signed by Paul Stark DN:cn=Paul Stark,email=mikef@up.net,O=baraga tel co,l=Baraga MI 49908, Date:5/30/2017</small></p> <p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Paul Stark</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 906-353-6644</p>					
<p>Study Area Code of Reporting Carrier</p>	310675		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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>					

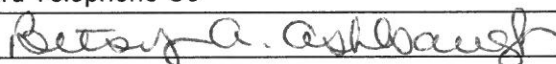
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: BARRY COUNTY TEL CO					
Signature of Authorized Officer or employee: 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:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer or employee: David Stoll					
Title or position of Authorized Officer or employee: GM/CEO					
Telephone number of Authorized Officer or employee: 269-623-9971					
Study Area Code of Reporting Carrier	310676		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Blanchard Telephone Co	
Signature of authorized officer				Date	5/17/17
Printed name of authorized officer		Betsy A. Ashbaugh			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(989) 561-9930			
Study Area Code of Reporting Carrier		310678	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BLOOMINGDALE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Steve Shults</p>				<p><small>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdale.com.net,O=bloomingdale tel co, Date:5/30/2017</small></p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Steve Shults</p>					
<p>Title or position of Authorized Officer or employee: Assistant Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 269-521-7313</p>					
<p>Study Area Code of Reporting Carrier</p>	310679		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Carr Telephone Company			
Signature of authorized officer <i>Teresa Bogner</i>		Date	05/18/2017
Printed name of authorized officer Teresa Bogner			
Title or position of authorized officer Secretary			
Telephone number of authorized officer: (231) 898-2244 ext.			
Study Area Code of Reporting Carrier	310683	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CLIMAX TEL CO</p>					
<p>Signature of Authorized Officer or employee: Stacey Hamlin</p>				<p>Digitally signed by Stacey Hamlin DN:cn=Stacey Hamlin,email=shamlin@ctstelecom.com,O=climax tel co,l=Climax MI 49034, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Stacey Hamlin</p>					
<p>Title or position of Authorized Officer or employee: President and Ceo</p>					
<p>Telephone number of Authorized Officer or employee: 269-746-4411</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>310688</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Deerfield Farmers Telephone Co.	
Signature of authorized officer		Date		05/18/2017	
Printed name of authorized officer		David LaBocca			
Title or position of authorized officer		President			
Telephone number of authorized officer:		734-279-5510, ext.			
Study Area Code of Reporting Carrier		310691		Filing Due Date for this form (mm/dd/yyyy) 6/16/2017	
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.					

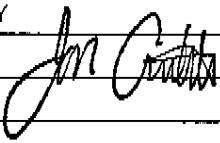
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Chapin Telephone Company				
Signature of authorized officer <i>Laurie S. Ringle</i>		Date 5/22/17		
Printed name of authorized officer Laurie S. Ringle				
Title or position of authorized officer Treasurer				
Telephone number of authorized officer (989) 661-2476				
Study Area Code of Reporting Carrier 310694		Filing Due Date for this form (mm/dd/yyyy) 5/30/17		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				KALEVA TELEPHONE COMPANY	
Signature of authorized officer					Date
Printed name of authorized officer			JON W. CRIBBS		05/26/2017
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)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: ACE TEL OF MICHIGAN					
Signature of Authorized Officer or employee: Todd Roesler				<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:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Todd Roesler					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 507-896-6292					
Study Area Code of Reporting Carrier	310704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier <i>Lennon Telephone Company</i>			
Signature of authorized officer <i>Jaqueline Borden</i>		Date	<i>5-18-17</i>
Printed name of authorized officer <i>Jaqueline Borden</i>			
Title or position of authorized officer <i>President</i>			
Telephone number of authorized officer: <i>(810) 641-3361, ext.</i>			
Study Area Code of Reporting Carrier	<i>310708</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</i>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MIDWAY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Camie Nebel-Conklin</p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel co, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Camie Nebel-Conklin</p>					
<p>Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 906-387-9911</p>					
<p>Study Area Code of Reporting Carrier</p>	310711		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HIAWATHA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Camie Nebel-Conklin</p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co, Inc., Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Camie Nebel-Conklin</p>					
<p>Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 906-387-9911</p>					
<p>Study Area Code of Reporting Carrier</p>	310713		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Ogden Telephone Company	
Signature of authorized officer		<i>Linda K Corie</i>		Date	05/16/2017
Printed name of authorized officer		Linda K. Corie			
Title or position of authorized officer		Secretary-Treasurer			
Telephone number of authorized officer:		(517) 443-5595			
Study Area Code of Reporting Carrier		310714	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: ONTONAGON COUNTY TEL					
Signature of Authorized Officer or employee: Camie Nebel-Conklin				<small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Camie Nebel-Conklin					
Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer or employee: 906-387-9911					
Study Area Code of Reporting Carrier	310717		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PIGEON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Neal Eichler</p>				<p><small>Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel co,l=Pigeon MI 48755, Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Neal Eichler</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 989-453-4391</p>					
Study Area Code of Reporting Carrier	310721		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

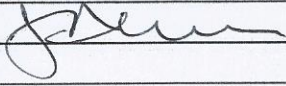
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SAND CREEK TEL CO</p>					
<p>Signature of Authorized Officer or employee: Harvey Souders</p>				<p><small>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:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Harvey Souders</p>					
<p>Title or position of Authorized Officer or employee: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 517-436-3130</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>310725</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier Springport Telephone Company			
Signature of authorized officer 		Date 05/23/2017	
Printed name of authorized officer Mark Cutler			
Title or position of authorized officer Treasurer			
Telephone number of authorized officer: (517) 857-3100			
Study Area Code of Reporting Carrier 310728		Filing Due Date for this form (mm/dd/yyyy) 6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier Upper Peninsula Telephone Company			
Signature of authorized officer 		Date 05-30-17	
Printed name of authorized officer John Aoki			
Title or position of authorized officer Treasurer			
Telephone number of authorized officer: (801) 589-7790			
Study Area Code of Reporting Carrier 310732		Filing Due Date for this form (mm/dd/yyyy) 6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WALDRON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Lucinda Bernath</p>				<p>Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel co,l=Waldron MI 49288-0197, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Lucinda Bernath</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 517-286-6211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>310734</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Westphalia Telephone Company			
Signature of authorized officer 		Date	5-17-2017
Printed name of authorized officer David Fox			
Title or position of authorized officer President			
Telephone number of authorized officer: (989) 587-5008 , ext.			
Study Area Code of Reporting Carrier	310735	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

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

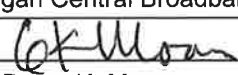
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Winn Tel. Co	
Signature of authorized officer			Date		5-30-2017
Printed name of authorized officer			Mark Graf		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			969 953 ext. 9876		
Study Area Code of Reporting Carrier		310 737	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: ACE-MI OLD MISSION					
Signature of Authorized Officer or employee: Todd Roesler				Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi old mission,l=Houston MN 55943-0360, Date:5/16/2017 Date: 5/16/2017	
Printed name of Authorized Officer or employee: Todd Roesler					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 507-896-6292					
Study Area Code of Reporting Carrier	310777		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier: Michigan Central Broadband Company			
Signature of authorized officer: 		Date: 5/30/17	
Printed name of authorized officer: Bruce K. Moore			
Title or position of authorized officer: President/General Mgr.			
Telephone number of authorized officer: (855) 642-4227 ext.			
Study Area Code of Reporting Carrier	310785	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BLOOMINGDALE HOME</p>					
<p>Signature of Authorized Officer or employee: Ronja Branson</p>				<p><small>Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomingdale home, =Bloomingdale IN 47832, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Ronja Branson</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 765-498-2000</p>					
Study Area Code of Reporting Carrier	320742		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: CITIZENS TEL CORP					
Signature of Authorized Officer or employee: Joan Paxson				<small>Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citznet.com,O=citizens tel corp, =Warren IN 46792, Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer or employee: Joan Paxson					
Title or position of Authorized Officer or employee: Secretary, Office Manager					
Telephone number of Authorized Officer or employee: 260-375-2111					
Study Area Code of Reporting Carrier	320751		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: CLAY DBA ENDEAVOR					
Signature of Authorized Officer or employee: Darin LaCoursiere				<small>Digitally signed by Darin LaCoursiere DN: cn=Darin LaCoursiere, email=darini@weEndeavor.com, O=clay dba endeavor, l=Cloverdale IN 46120-0237, Date: 5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer or employee: Darin LaCoursiere					
Title or position of Authorized Officer or employee: President and CEO					
Telephone number of Authorized Officer or employee: 765-795-4261					
Study Area Code of Reporting Carrier	320753		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: CRAIGVILLE TEL CO					
Signature of Authorized Officer or employee: Lee Von Gunten				<small>Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel co,l=Craigville IN 46731, Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer or employee: Lee Von Gunten					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 260-565-3131					
Study Area Code of Reporting Carrier	320756		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: DAVIESS-MARTIN/RTC					
Signature of Authorized Officer or employee: David Redman				<small>Digitally signed by David Redman DN:cn=David Redman,email=dredman@purdue.edu,O=daviess-martin/rtc, =Montgomery IN 47558, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: David Redman					
Title or position of Authorized Officer or employee: Board President					
Telephone number of Authorized Officer or employee: 812-486-3211					
Study Area Code of Reporting Carrier	320759		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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.					

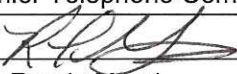
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: GEETINGSVILLE TEL CO					
Signature of Authorized Officer or employee: Steve Scott				<small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,l= , Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Steve Scott					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 765-258-3111					
Study Area Code of Reporting Carrier	320771		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Ligonier Telephone Company, Inc.			
Signature of authorized officer 		Date 05/25/2017	
Printed name of authorized officer Randy Mead			
Title or position of authorized officer EVP/General Manager			
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)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: MONON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Bruce Hanway</p>				<p><small>Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel co,l=Monon IN 47959, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Bruce Hanway</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 219-253-6601</p>					
Study Area Code of Reporting Carrier	320790		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MULBERRY COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Randy Maish</p>				<p><small>Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop tel co,l=Mulberry IN 46058-0370, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Randy Maish</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 765-296-2885</p>					
Study Area Code of Reporting Carrier	320792		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

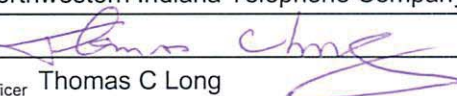
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: NEW LISBON TEL CO					
Signature of Authorized Officer or employee: John Greene				<small>Digitally signed by John Greene DN:cn=John Greene,email=john.greene@nlbc.com,O=new lisbon tel co,l=New Lisbon IN 47366, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: John Greene					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 765-332-2413					
Study Area Code of Reporting Carrier	320796		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: NEW PARIS TEL INC					
Signature of Authorized Officer or employee: 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:5/30/2017</small>				Date: 5/30/2017	
Printed name of Authorized Officer or employee: Paul Penrose					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 574-831-7115					
Study Area Code of Reporting Carrier	320797		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Northwestern Indiana Telephone Company, Inc.				
Signature of authorized officer 			Date	5/18/2017
Printed name of authorized officer Thomas C Long				
Title or position of authorized officer President/Coo				
Telephone number of authorized officer: (219) 996-2981 ext.				
Study Area Code of Reporting Carrier	320800	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PERRY-SPENCER RURAL</p>					
<p>Signature of Authorized Officer or employee: James Dauby</p>				<small>Digitally signed by James Dauby DN: cn=James Dauby, email=jdauby@psci.net, O=perry-spencer rural, l=St. Meinrad IN 47577, Date: 5/22/2017</small> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: James Dauby</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 812-357-2123</p>					
Study Area Code of Reporting Carrier	320807		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PULASKI-WHITE RURAL</p>					
<p>Signature of Authorized Officer or employee: Brent Gillum</p>				<p><small>Digitally signed by Brent Gillum DN:cn=Brent Gillum,email=bgillum@pwrtc.net,O=pulaski-white rural,l=Buffalo IN 47925, Date:5/23/2017</small></p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Brent Gillum</p>					
<p>Title or position of Authorized Officer or employee: Interim President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 574-278-7121</p>					
<p>Study Area Code of Reporting Carrier</p>	320813		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ROCHESTER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Greta Lynch</p>				<p><small>Digitally signed by Greta Lynch DN:cn=Greta Lynch,email=greta.lynych@rtc1.com,O=rochester tel co,l=Rochester IN 46975-0507, Date:5/16/2017</small></p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Greta Lynch</p>					
<p>Title or position of Authorized Officer or employee: VP-Finance</p>					
<p>Telephone number of Authorized Officer or employee: 574-223-0238</p>					
<p>Study Area Code of Reporting Carrier</p>	320815		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: SE INDIANA RURAL					
Signature of Authorized Officer or employee: Anthony Clark <small>Digitally signed by Anthony Clark DN:cn=Anthony Clark,email=clarkt@seidata.com,O=se indiana rural,= , Date:5/23/2017</small>				Date: 5/23/2017	
Printed name of Authorized Officer or employee: Anthony Clark					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 812-667-5100					
Study Area Code of Reporting Carrier	320819		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: SUNMAN TELECOMM CORP					
Signature of Authorized Officer or employee: Michael Alig				<small>Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecom corp, =Sunman IN 47041, Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer or employee: Michael Alig					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 812-623-2122					
Study Area Code of Reporting Carrier	320825		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: SWAYZEE TEL CO					
Signature of Authorized Officer or employee: Timothy Miles				<small>Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel co,l= , Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer or employee: Timothy Miles					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 765-922-7916					
Study Area Code of Reporting Carrier	320826		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SWEETSER RURAL TEL</p>					
<p>Signature of Authorized Officer or employee: Scott Winger</p>				<p><small>Digitally signed by Scott Winger DN:cn=Scott Winger,email=sawinger@comteck.com,O=sweetser rural tel,l=Sweetser IN 46987, Date:5/23/2017</small></p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Scott Winger</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 765-384-4311</p>					
<p>Study Area Code of Reporting Carrier</p>	320827		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Washington County Rural Telephone Cooperative, Inc	
Signature of authorized officer		<i>David Gottbrath</i>		Date	5/18/17
Printed name of authorized officer		David Gottbrath			
Title or position of authorized officer		Vice-President			
Telephone number of authorized officer:		(812) 967-3171 ext.			
Study Area Code of Reporting Carrier	320834	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: YEOMAN TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: David Blacker</p>				<p><small>Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel co, inc,lc=US, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: David Blacker</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 574-965-2100</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>320839</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: AMERY TELCOM, INC.</p>					
<p>Signature of Authorized Officer or employee: Michael Jensen</p>				<p><small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/25/2017</small></p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Michael Jensen</p>					
<p>Title or position of Authorized Officer or employee: President & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-268-7101</p>					
<p>Study Area Code of Reporting Carrier</p>	330842		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: AMHERST TEL CO					
Signature of Authorized Officer or employee: Carl Bohman				<small>Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=carlb@tvalleycom.com,O=amherst tel co,l=Amherst WI 54406-0279, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: Carl Bohman					
Title or position of Authorized Officer or employee: President & General Manager					
Telephone number of Authorized Officer or employee: 715-824-5529					
Study Area Code of Reporting Carrier	330843		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier BALDWIN TELECOM, INC.				
Signature of authorized officer 		Date 05/26/2017		
Printed name of authorized officer DAVID MATTISON				
Title or position of authorized officer PRESIDENT				
Telephone number of authorized officer: (715) 684-3346				
Study Area Code of Reporting Carrier 330846		Filing Due Date for this form (mm/dd/yyyy) 6/16/2017		
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BELMONT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Deb Egli</p>				<p><small>Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=belmont tel co,l=Cuba City WI 53807, Date:5/19/2017</small></p> <p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Deb Egli</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 608-744-3500</p>					
<p>Study Area Code of Reporting Carrier</p>	330847		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BERGEN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Brad Ellefson</p>				<p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel co,l=Sharon WI 53585, Date:5/30/2017</small></p> <p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Brad Ellefson</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 262-736-9981</p>					
Study Area Code of Reporting Carrier	330848		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: BLOOMER TEL CO					
Signature of Authorized Officer or employee: Jim Smart				<small>Digitally signed by Jim Smart DN:cn=Jim Smart,email=jrs@bloomer.net,O=bloomer tel co,l= , Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: Jim Smart					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 715-568-4830					
Study Area Code of Reporting Carrier	330850		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BRUCE TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: John Manosky</p>				<small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc, Date:5/22/2017</small> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: John Manosky</p>					
<p>Title or position of Authorized Officer or employee: President & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-868-5111</p>					
Study Area Code of Reporting Carrier	330855		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CHEQUAMEGON COM COOP</p>					
<p>Signature of Authorized Officer or employee: Ray Schindler</p>				<p><small>Digitally signed by Ray Schindler DN:cn=Ray Schindler,email=rschindler@norvado.com,O=chequamegon com coop, Date:5/19/2017</small></p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: Ray Schindler</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 715-798-3303</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330860</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CHIBARDUN TEL COOP</p>					
<p>Signature of Authorized Officer or employee: N. Scott Behn</p>				<p><small>Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaictelcom.com,O=chibardun tel coop,l=Cameron WI 54822-0664, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: N. Scott Behn</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 715-458-5400</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330861</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CITIZENS TEL COOP-WI</p>					
<p>Signature of Authorized Officer or employee: Dennis Bachman</p>				<p><small>Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel coop-wi,New Auburn WI 54757-0127, Date:5/26/2017</small></p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Dennis Bachman</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-237-2605</p>					
<p>Study Area Code of Reporting Carrier</p>	330863		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CLEAR LAKE TEL CO-WI</p>					
<p>Signature of Authorized Officer or employee: Tim Kusilek</p>				<p><small>Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake tel co-wi,l=Clear Lake WI 54005, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Tim Kusilek</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-263-2755</p>					
<p>Study Area Code of Reporting Carrier</p>	330865		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COCHRANE COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Gina Tomlinson</p>				<p>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mw.t.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Gina Tomlinson</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 608-248-2323</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330866</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COON VALLEY FARMERS</p>					
<p>Signature of Authorized Officer or employee: Carol Olson</p>				<p><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:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Carol Olson</p>					
<p>Title or position of Authorized Officer or employee: Assistant Secretary Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 608-452-3101</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330868</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CUBA CITY EXCHANGE</p>					
<p>Signature of Authorized Officer or employee: Deb Egli</p>				<p><small>Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city exchange,l=Cuba City WI 53807, Date:5/19/2017</small></p> <p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Deb Egli</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 608-744-3500</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330872</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS INDEPENDENT</p>					
<p>Signature of Authorized Officer or employee: Mark Anderson</p>				<p><small>Digitally signed by Mark Anderson DN:cn=Mark Anderson,email=mark@grantsburgtelcom.com,O=farmers independent,l=Grantsburg WI 54840-0447, Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Mark Anderson</p>					
<p>Title or position of Authorized Officer or employee: General Manager and Compliance Officer</p>					
<p>Telephone number of Authorized Officer or employee: 715-463-5322</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330879</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HILLSBORO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Carla Shaker</p>				<p><small>Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel co,l=Hillsboro WI 54634-0427, Date:5/19/2017</small></p> <p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Carla Shaker</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer/Office Mgr.</p>					
<p>Telephone number of Authorized Officer or employee: 608-489-2100</p>					
<p>Study Area Code of Reporting Carrier</p>	330892		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: LAKEFIELD TEL CO					
Signature of Authorized Officer or employee: Robert Webb <div> <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:5/16/2017</small> </div>				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Robert Webb					
Title or position of Authorized Officer or employee: Vice President/COO					
Telephone number of Authorized Officer or employee: 920-617-7351					
Study Area Code of Reporting Carrier	330896		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LA VALLE TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Gregory Rockweiler</p>				<p><small>Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=lrc@mwt.net,O=la valle tel coop,l=La Valle WI 53941, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Gregory Rockweiler</p>					
<p>Title or position of Authorized Officer or employee: Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 608-985-7201</p>					
Study Area Code of Reporting Carrier	330899		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LEMONWEIR VALLEY TEL</p>					
<p>Signature of Authorized Officer or employee: Donna Rezin</p>				<p><small>Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=Donna.Rezin@getlynxx.com,O=lemonweir valley tel,l=Camp Douglas WI 54618, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Donna Rezin</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 608-427-6515</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330900</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LAKELAND-LUCK</p>					
<p>Signature of Authorized Officer or employee: Crystal Morley</p>				<p><small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland-luck,l=Milt own WI 54858, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Crystal Morley</p>					
<p>Title or position of Authorized Officer or employee: Accounting Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-825-5105</p>					
<p>Study Area Code of Reporting Carrier</p>	330902		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <i>MANAWA Telephone Company</i>			
Signature of authorized officer <i>Greg Krings</i>		Date	<i>5-16-17</i>
Printed name of authorized officer <i>Greg Krings</i>			
Title or position of authorized officer <i>Treasurer</i>			
Telephone number of authorized officer: <i>(715) 421-8129 ext.</i>			
Study Area Code of Reporting Carrier	<i>330905</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MARQUETTE-ADAMS COOP</p>					
<p>Signature of Authorized Officer or employee: Jerry Schneider</p>				<p><small>Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquette-adams coop,l=Oxford WI 53952, Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Jerry Schneider</p>					
<p>Title or position of Authorized Officer or employee: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 608-586-4111</p>					
<p>Study Area Code of Reporting Carrier</p>	330908		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LAKELAND-MILLTOWN</p>					
<p>Signature of Authorized Officer or employee: Crystal Morley</p>				<p><small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland-milltown,I=Milltown WI 54858, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Crystal Morley</p>					
<p>Title or position of Authorized Officer or employee: Accounting Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-825-5105</p>					
<p>Study Area Code of Reporting Carrier</p>	330910		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NELSON COMM COOP</p>					
<p>Signature of Authorized Officer or employee: Christy Berger</p>				<p><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:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Christy Berger</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 715-672-4204</p>					
<p>Study Area Code of Reporting Carrier</p>	330918		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NIAGARA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Webb</p>				<p><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:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Robert Webb</p>					
<p>Title or position of Authorized Officer or employee: Vice President/COO</p>					
<p>Telephone number of Authorized Officer or employee: 920-617-7351</p>					
Study Area Code of Reporting Carrier	330920		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BAYLAND TEL, LLC</p>					
<p>Signature of Authorized Officer or employee: Robert Webb</p>				<p><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:5/16/2017</small></p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Robert Webb</p>					
<p>Title or position of Authorized Officer or employee: Vice President/COO</p>					
<p>Telephone number of Authorized Officer or employee: 920-617-7351</p>					
<p>Study Area Code of Reporting Carrier</p>	330925		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PRICE COUNTY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Catherine Mess</p>				<p><small>Digitally signed by Catherine Mess DN:cn=Catherine Mess,email=messc@pctcnet.net,O=price county tel co,l=Phillips WI 54555-0108, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Catherine Mess</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 715-339-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	330937		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTHEAST TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Webb</p>				<p><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:5/16/2017</small></p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Robert Webb</p>					
<p>Title or position of Authorized Officer or employee: Vice President/COO</p>					
<p>Telephone number of Authorized Officer or employee: 920-617-7351</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330938</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: RICHLAND-GRANT COOP					
Signature of Authorized Officer or employee: John Bartz				<small>Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mw.t.net,O=richland-grant coop,l=Blue River WI 53518, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: John Bartz					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 608-537-2461					
Study Area Code of Reporting Carrier	330942		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: SHARON TEL CO					
Signature of Authorized Officer or employee: Brad Ellefson <small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel co,l=Sharon WI 53585, Date:5/30/2017</small>				Date: 5/30/2017	
Printed name of Authorized Officer or employee: Brad Ellefson					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 262-736-9981					
Study Area Code of Reporting Carrier	330946		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: SIREN TEL CO, INC					
Signature of Authorized Officer or employee: Sid Sherstad				<small>Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel co, inc,l=Siren WI 54872-0426, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: Sid Sherstad					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 715-349-2224					
Study Area Code of Reporting Carrier	330949		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: SOMERSET TEL CO					
Signature of Authorized Officer or employee: Michael Jensen				<small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,lc=, Date:5/25/2017</small> Date: 5/25/2017	
Printed name of Authorized Officer or employee: Michael Jensen					
Title or position of Authorized Officer or employee: President & General Manager					
Telephone number of Authorized Officer or employee: 715-268-7101					
Study Area Code of Reporting Carrier	330951		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SPRING VALLEY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Carol Anderson</p>				<p><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:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Carol Anderson</p>					
<p>Title or position of Authorized Officer or employee: Assistant Manager/Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 715-778-4433</p>					
<p>Study Area Code of Reporting Carrier</p>	330953		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TRI-COUNTY COMM COOP</p>					
<p>Signature of Authorized Officer or employee: Cheryl Rue</p>				<p><small>Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county comm coop,l=Strum WI 54770, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Cheryl Rue</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 715-695-2691</p>					
<p>Study Area Code of Reporting Carrier</p>	330960		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: UNION TEL CO</p>					
<p>Signature of Authorized Officer or employee: Katherine Kehl</p>				<p><small>Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel co,l=Plainfield WI 54966-0096, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Katherine Kehl</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 715-335-6301</p>					
Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: VERNON COMM. COOP.</p>					
<p>Signature of Authorized Officer or employee: Rodney Olson</p>				<p><small>Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon comm.coop.,l=Westby WI 54667, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Rodney Olson</p>					
<p>Title or position of Authorized Officer or employee: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 608-634-7421</p>					
<p>Study Area Code of Reporting Carrier</p>	330966		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: W. WISCONSIN TELCOM					
Signature of Authorized Officer or employee: 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:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer or employee: Mark Stenseth					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 715-664-8311					
Study Area Code of Reporting Carrier	330971		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WITTENBERG TEL CO</p>					
<p>Signature of Authorized Officer or employee: Linda Garbelman</p>				<p><small>Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@cirrinity.net,O=wittenberg tel co,l=Wittenberg WI 54499, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Linda Garbelman</p>					
<p>Title or position of Authorized Officer or employee: CFO/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 715-253-2115</p>					
<p>Study Area Code of Reporting Carrier</p>	330973		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <i>Wood County Telephone Company</i>			
Signature of authorized officer <i>Greg Krings</i>		Date	<i>5-16-17</i>
Printed name of authorized officer <i>Greg Krings</i>			
Title or position of authorized officer <i>ASST Secretary / Treasurer</i>			
Telephone number of authorized officer: <i>(715) 421-8124 ext.</i>			
Study Area Code of Reporting Carrier	<i>330974</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ADAMS TEL COOP</p>					
<p>Signature of Authorized Officer or employee: James Broemmer Jr.</p>				<p>Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbrommer@adams.net,O=adams tel coop,l=Golden IL 62339, Date:5/24/2017</p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: James Broemmer Jr.</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 217-696-4411</p>					
Study Area Code of Reporting Carrier	340976		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: ALHAMBRA-GRANTFORK					
Signature of Authorized Officer or employee: Kevin Osterbur				<small>Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork,/=Alhambra IL 62001-0207, Date:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer or employee: Kevin Osterbur					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 618-488-2165					
Study Area Code of Reporting Carrier	340978		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CAMBRIDGE TEL CO -IL</p>					
<p>Signature of Authorized Officer or employee: Scott Rubins</p>				<p><small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=cambridge tel co -il,l=Geneseo IL 61254-0330, Date:5/22/2017</small></p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: Scott Rubins</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 309-944-2103</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>340983</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CASS TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tom Allen</p>				<p><small>Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,l=Virginia IL 62691, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Tom Allen</p>					
<p>Title or position of Authorized Officer or employee: Vice President/Chief Operating Officer</p>					
<p>Telephone number of Authorized Officer or employee: 217-452-7800</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>340984</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Clarksville Mutual Telephone Company			
Signature of authorized officer <i>Patricia Rhoads</i>		Date	5/23/2017
Printed name of authorized officer Patricia Rhoads			
Title or position of authorized officer Secretary/Treasurer			
Telephone number of authorized officer: (217) 889-3822			
Study Area Code of Reporting Carrier	340990	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CROSSVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Chris Birkla</p>				<p><small>Digitally signed by Chris Birkla DN:cn=Chris Birkla,email=cbirkla@crosstelco.com,O=crossville tel co,l=Crossville IL 62827, Date:5/16/2017</small></p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Chris Birkla</p>					
<p>Title or position of Authorized Officer or employee: Assistant Secretary/Treasurer/General Mg</p>					
<p>Telephone number of Authorized Officer or employee: 618-966-2196</p>					
<p>Study Area Code of Reporting Carrier</p>	340993		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: EGYPTIAN COOP ASSN</p>					
<p>Signature of Authorized Officer or employee: Kevin Jacobsen</p>				<p>Digitally signed by Kevin Jacobsen DN:cn=Kevin Jacobsen,email=kjacobsen@egyptian.net,O=egyptian coop assn,l=Steeleville IL 62288-0158, Date:5/23/2017</p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Kevin Jacobsen</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 618-774-1000</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341003</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: EL PASO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=el paso tel co,= , Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	341004		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: C-R TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=c-r tel co,l= , Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	341009		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FLAT ROCK TEL CO-OP</p>					
<p>Signature of Authorized Officer or employee: Kevin Jacobsen</p>				<p>Digitally signed by Kevin Jacobsen DN:cn=Kevin Jacobsen,email=kjacobsen@egyptian.net,O=flat rock tel co-op,l=Steeleville IL 62288-0158, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Kevin Jacobsen</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 618-774-1000</p>					
Study Area Code of Reporting Carrier	341012		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

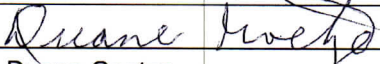
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: GENESEO TEL CO					
Signature of Authorized Officer or employee: Scott Rubins <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:5/22/2017</small>				Date: 5/22/2017	
Printed name of Authorized Officer or employee: Scott Rubins					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 309-944-2103					
Study Area Code of Reporting Carrier	341016		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Glasford Telephone Company	
Signature of authorized officer				Date	5/24/2017
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)	6/16/2017		
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GRAFTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Leigh Sickinger</p>				<p><small>Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grifton tel co,l=Grafton IL 62037, Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Leigh Sickinger</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 618-786-3400</p>					
Study Area Code of Reporting Carrier	341020		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <u>Grandview Mutual Telephone</u>			
Signature of authorized officer <u>Angela Tate</u>		Date	<u>5-26-2017</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>2179464101 ext.</u>			
Study Area Code of Reporting Carrier	<u>341021</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GRIDLEY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Herb Flesher</p>				<p><small>Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel co,l=Gridley IL 61744-0129, Date:5/17/2017</small></p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Herb Flesher</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 309-747-3780</p>					
<p>Study Area Code of Reporting Carrier</p>	341023		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: HAMILTON COUNTY TEL					
Signature of Authorized Officer or employee: Kevin Pyle				<small>Digitally signed by Kevin Pyle DN:cn=Kevin Pyle,email=kevinp@hamiltoncom.net,O=hamilton county tel,l=Dahlgren IL 62828, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Kevin Pyle					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 618-736-2211					
Study Area Code of Reporting Carrier	341024		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: SHAWNEE TEL. CO.					
Signature of Authorized Officer or employee: James Grisham				<small>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee tel. co.,l=Equality IL 62934, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: James Grisham					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 618-276-4211					
Study Area Code of Reporting Carrier	341025		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: HENRY COUNTY TEL CO					
Signature of Authorized Officer or employee: Scott Rubins				<small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=henry county tel co, =Geneseo IL 61254-0330, Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer or employee: Scott Rubins					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 309-944-2103					
Study Area Code of Reporting Carrier	341029		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Home Telephone Co.	
Signature of authorized officer			Date		5/24/17
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)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: KINSMAN MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Michelle Baudino</p>				<p><small>Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel,l=Kinsman IL 60437, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Michelle Baudino</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 815-392-4210</p>					
<p>Study Area Code of Reporting Carrier</p>	341041		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: LA HARPE TEL CO					
Signature of Authorized Officer or employee: 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:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Todd Irish					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 217-659-7721					
Study Area Code of Reporting Carrier	341043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LEAF RIVER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Aaron Palmer</p>				<p><small>Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lmet1.com,O=leaf river tel co,l=Leaf River IL 61047, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Aaron Palmer</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 815-738-2216</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341045</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LEONORE MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Donna Naas</p>				<p>Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmte@lmte.net,O=leonore mutual tel,l=Leonore IL 61332, Date:5/30/2017</p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Donna Naas</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 815-856-3164</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341046</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: MCDONOUGH TEL COOP					
Signature of Authorized Officer or employee: Jay Griswold				<small>Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jay@mdtc.net,O=mcdonough tel coop,l=Colchester IL 62326, Date:5/25/2017</small> Date: 5/25/2017	
Printed name of Authorized Officer or employee: Jay Griswold					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 309-776-3211					
Study Area Code of Reporting Carrier	341047		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MCNABB TEL CO</p>					
<p>Signature of Authorized Officer or employee: Roger Pletsch</p>				<p>Digitally signed by Roger Pletsch DN:cn=Roger Pletsch,email=rogerpletsch@nabbnet.com,O=mcnabb tel co,l=McNabb IL 61335, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Roger Pletsch</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 815-882-2201</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341048</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Madison Telephone Company	
Signature of authorized officer			Date		05/26/2017
Printed name of authorized officer			Mary Schwartz Westerhold		
Title or position of authorized officer			Vice President/CFO		
Telephone number of authorized officer:			(618) 635-1000		
Study Area Code of Reporting Carrier		341049	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: MARSEILLES TEL CO					
Signature of Authorized Officer or employee: 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:5/24/2017</small>				Date: 5/24/2017	
Printed name of Authorized Officer or employee: Ann Dickerson					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 309-367-4197					
Study Area Code of Reporting Carrier	341050		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: METAMORA TEL CO					
Signature of Authorized Officer or employee: Ann Dickerson <small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=metamora tel co,l=Metamora IL 61548-0800, Date:5/24/2017</small>				Date: 5/24/2017	
Printed name of Authorized Officer or employee: Ann Dickerson					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 309-367-4197					
Study Area Code of Reporting Carrier	341053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MIDCENTURY TEL CO-OP</p>					
<p>Signature of Authorized Officer or employee: James Broemmer, Jr.</p>				<p><small>Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jbroemmer@adams.net,O=midcentury tel co-op,l=Fairview IL 61432, Date:5/24/2017</small></p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: James Broemmer, Jr.</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 309-778-8611</p>					
<p>Study Area Code of Reporting Carrier</p>	341054		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <i>MONTROSE MUTUAL TEL CO</i>			
Signature of authorized officer <i>George P. Tays</i>		Date <i>5/26/17</i>	
Printed name of authorized officer <i>George P Tays</i>			
Title or position of authorized officer <i>Sec / Treas / Gen</i>			
Telephone number of authorized officer <i>717 925 5242</i> , ext.			
Study Area Code of Reporting Carrier <i>34-1058</i>		Filing Due Date for this form (mm/dd/yyyy) <i>6/16/2017</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: MOULTRIE INDEPENDENT					
Signature of Authorized Officer or employee: James Grisham				<small>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=moultrie independent,l=Equality IL 62934, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: James Grisham					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 618-276-4211					
Study Area Code of Reporting Carrier	341060		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NEW WINDSOR TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kirby Willems</p>				<p>Digitally signed by Kirby Willems DN:cn=Kirby Willems,email=kirby.willems@nwctv.net,O=new windsor tel co,l=New Windsor IL 61465, Date:5/24/2017</p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Kirby Willems</p>					
<p>Title or position of Authorized Officer or employee: Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 309-667-2712</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341062</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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>					

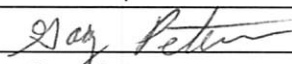
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ODIN TEL EXCH INC</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=odin tel exch inc, Inc, Date:5/25/2017</small></p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	341065		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Oneida Telephone Exchange	
Signature of authorized officer					Date
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)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier		Reynolds Telephone Company	
Signature of authorized officer	<i>Grace Ochsner</i>	Date	05/19/2017
Printed name of authorized officer		Grace Ochsner	
Title or position of authorized officer		General Manager/Asst. Treasurer	
Telephone number of authorized officer: (309) 372-4490			
Study Area Code of Reporting Carrier	341075	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TONICA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Lloyd Vogel</p>				<p><small>Digitally signed by Lloyd Vogel DN:cn=Lloyd Vogel,email=tontel@tonicacom.net,O=tonica tel co,l=Tonica IL 61370-0158, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Lloyd Vogel</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 815-442-9901</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341086</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: VIOLA HOME TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Millikan</p>				<p>Digitally signed by Robert Millikan DN:cn=Robert Millikan,email=wins2@vhtmail.net,O=viola home tel co,l=Viola IL 61486, Date:5/25/2017</p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Robert Millikan</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 309-596-2109</p>					
Study Area Code of Reporting Carrier	341087		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: WABASH COMM CO-OP					
Signature of Authorized Officer or employee: Barry Adair				<small>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=wabash comm co-op,L=Louisville IL 62858, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Barry Adair					
Title or position of Authorized Officer or employee: EVP General Manager					
Telephone number of Authorized Officer or employee: 618-665-3311					
Study Area Code of Reporting Carrier	341088		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: WOODHULL TEL CO					
Signature of Authorized Officer or employee: Philip Wirt				<small>Digitally signed by Philip Wirt DN:cn=Philip Wirt,email=pwirtwco@divcominc.net,O=woodhull tel co,l=Woodhull IL 61490-0117, Date:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer or employee: Philip Wirt					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 309-334-2150					
Study Area Code of Reporting Carrier	341091		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Stelle Telephone Company	
Signature of authorized officer			Date		5/26/2017
Printed name of authorized officer			Candice Chaffee		
Title or position of authorized officer			Financial/Administrative 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)		6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				REASNOR TELEPHONE COMPANY, LLC	
Signature of authorized officer			Date		MAY 23, 2017
Printed name of authorized officer			MICHAEL HATFIELD		
Title or position of authorized officer			ACTING GENERAL MANAGER		
Telephone number of authorized officer:			(817) 838-1800		
Study Area Code of Reporting Carrier		350739	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ANDREW TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: JoAnne Gregorich</p>				<p>Digitally signed by JoAnne Gregorich DN: cn=JoAnne Gregorich, email=joanne@lamotte-telco.com, O=andrew tel co inc, l=LaMotte IA 52054, Date: 5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: JoAnne Gregorich</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-773-2213</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351097</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ARCADIA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tony Vonnahme</p>				<small>Digitally signed by Tony Vonnahme DN:cn=Tony Vonnahme,email=kvonnahme@netins.net,O=arcadia tel co,l=Arcadia IA 51430, Date:5/16/2017</small> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Tony Vonnahme</p>					
<p>Title or position of Authorized Officer or employee: Board President</p>					
<p>Telephone number of Authorized Officer or employee: 712-689-2238</p>					
Study Area Code of Reporting Carrier	351098		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ATKINS TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: Gerald Spaight</p>				<p><small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc, Atkins IA 52206, Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Gerald Spaight</p>					
<p>Title or position of Authorized Officer or employee: General Manager / Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 319-446-7331</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351101</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: AYRSHIRE FARMERS MUT</p>					
<p>Signature of Authorized Officer or employee: Donald Miller</p>				<p>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire farmers mut,l=Ayrshire IA 50515-0248, Date:5/22/2017</p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: Donald Miller</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-776-2222</p>					
Study Area Code of Reporting Carrier	351105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALPINE COMM.</p>					
<p>Signature of Authorized Officer or employee: Chris Hopp</p>				<p><small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:5/17/2017</small></p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Chris Hopp</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-245-4480</p>					
<p>Study Area Code of Reporting Carrier</p>	351106		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BALDWIN-NASHVILLE</p>					
<p>Signature of Authorized Officer or employee: Brian Rickels</p>				<p><small>Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville,I=Baldwin IA 52207-0050, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Brian Rickels</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-673-6001</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351107</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier	Barnes City Cooperative Telephone Company		
Signature of authorized officer	<i>Doris M. Freeborn</i>	Date	05/24/2017
Printed name of authorized officer	Doris M. Freeborn		
Title or position of authorized officer	Secretary/Treasurer		
Telephone number of authorized officer	(641) 644-5214		
Study Area Code of Reporting Carrier	35-1108	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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.			

Post-it® Fax Note	7671	Date	05/24/2017	# of pages	4
CAF/ICC Certifications	data	From	Barnes City Coop Telephone Co.		
Co. Dept.	NECA	Phone #	(641) 644-5214		
Phone	800-228-0180	Fax #	(641) 644-5200		
Fax	800-367-5058				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: BERNARD TEL CO INC					
Signature of Authorized Officer or employee: Kyle Manders				<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:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer or employee: Kyle Manders					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 563-879-3203					
Study Area Code of Reporting Carrier	351110		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BREDA TEL CORP.</p>					
<p>Signature of Authorized Officer or employee: Kevin Skinner</p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=breda tel corp.,l=Breda IA 51436-0109, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Kevin Skinner</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 712-673-2311</p>					
Study Area Code of Reporting Carrier	351112		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BROOKLYN MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Tim Atkinson</p>				<p>Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel,l=Brooklyn IA 52211-0513, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Tim Atkinson</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Compliance Officer</p>					
<p>Telephone number of Authorized Officer or employee: 641-522-9211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351113</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TITONKA-BURT (BURT)</p>					
<p>Signature of Authorized Officer or employee: Vicky Nelson</p>				<p>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt(burt),l=Titonka IA 50480-0321, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Vicky Nelson</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 515-928-2110</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351114</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BUTLER-BREMER MUTUAL</p>					
<p>Signature of Authorized Officer or employee: Richard McBurney</p>				<p><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:5/17/2017</small></p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Richard McBurney</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-276-4458</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351115</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CASCADE COMM. CO.</p>					
<p>Signature of Authorized Officer or employee: David Gibson</p>				<p><small>Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade comm. co., =Cascade IA 52033-0250, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: David Gibson</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Compliance Officer</p>					
<p>Telephone number of Authorized Officer or employee: 563-852-3710</p>					
Study Area Code of Reporting Carrier	351118		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: CASEY MUTUAL TEL CO					
Signature of Authorized Officer or employee: 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:5/22/2017</small>				Date: 5/22/2017	
Printed name of Authorized Officer or employee: John Breining					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 641-746-2222					
Study Area Code of Reporting Carrier	351119		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Center Junction Telephone Company Inc

Signature of authorized officer



Date

5/24/2017

Printed name of authorized officer

Russ Benke

Title or position of authorized officer

Chief Operating Officer

Telephone number of authorized officer: (563) 487-2631

Study Area Code of Reporting Carrier

351121

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

6/16/2017

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: CENTRAL SCOTT TEL CO					
Signature of Authorized Officer or employee: Kent Dau <small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel co,l=Eldridge IA 52748, Date:5/22/2017</small>				Date: 5/22/2017	
Printed name of Authorized Officer or employee: Kent Dau					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 563-285-9611					
Study Area Code of Reporting Carrier	351125		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CITIZENS MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Joe Snyder</p>				<p><small>Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=citizens mutual tel,l=Bloomfield IA 52537, Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Joe Snyder</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-664-2074</p>					
Study Area Code of Reporting Carrier	351129		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: CLARENCE TEL CO					
Signature of Authorized Officer or employee: Mark Harvey				Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=ctcmanager@netins.net,O=clarence tel co,l=Dysart IA 52224-0280, Date:5/25/2017 Date: 5/25/2017	
Printed name of Authorized Officer or employee: Mark Harvey					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 319-476-7800					
Study Area Code of Reporting Carrier	351130		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CLEAR LAKE INDEPEND</p>					
<p>Signature of Authorized Officer or employee: Thomas Lovell</p>				<p><small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@cltel.com,O=clear lake independ,i=Clear Lake IA 50428-0066, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Thomas Lovell</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 641-357-2111</p>					
Study Area Code of Reporting Carrier	351132		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: C-M-L TEL COOP ASSN					
Signature of Authorized Officer or employee: 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:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Bruce Johnson					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 712-443-8222					
Study Area Code of Reporting Carrier	351133		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COLO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Larry Springer</p>				<p><small>Digitally signed by Larry Springer DN:cn=Larry Springer,email=larrycolo@netins.net,O=colo tel co,l=Colo IA 50056-0315, Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Larry Springer</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-377-2202</p>					
Study Area Code of Reporting Carrier	351134		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: COON CREEK TEL CO					
Signature of Authorized Officer or employee: 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:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Debra Lucht					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 319-454-6234					
Study Area Code of Reporting Carrier	351136		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COON VALLEY COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Jim Nelson</p>				<p><small>Digitally signed by Jim Nelson DN:cn=Jim Nelson,email=jnelson@coonvalleytelco.com,O=coon valley coop tel,l=Menlo IA 50164, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Jim Nelson</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-524-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	351137		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COOPERATIVE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Scott Schabacker</p>				<p><small>Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=cooptel@netins.net,O=cooperative tel co,l=Victor IA 52347, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Scott Schabacker</p>					
<p>Title or position of Authorized Officer or employee: Chief Operating Officer/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-647-3131</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351139</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CORN BELT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Lee Wuebker</p>				<p><small>Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=combelt@netins.net,O=corn belt tel co,l=Wall Lake IA 51466, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Lee Wuebker</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-664-2221</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351141</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CUMBERLAND TEL CO</p>					
<p>Signature of Authorized Officer or employee: Vickie Adams</p>				<p><small>Digitally signed by Vickie Adams DN:cn=Vickie Adams,email=vickie_ctc@netins.net,O=cumberland tel co,l=Cumberland IA 50843, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Vickie Adams</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-774-2221</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351146</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: DANVILLE MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Timothy FencI</p>				<p><small>Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfencI@danvilletelco.net,O=danville mutual tel,l=Danville IA 52623, Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Timothy FencI</p>					
<p>Title or position of Authorized Officer or employee: General Manager & CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-392-4251</p>					
<p>Study Area Code of Reporting Carrier</p>	351147		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: FARMERS (DEFIANCE)					
Signature of Authorized Officer or employee: 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:5/23/2017</small>				Date: 5/23/2017	
Printed name of Authorized Officer or employee: Thomas Conry					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 712-744-3131					
Study Area Code of Reporting Carrier	351149		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: DIXON ACQ LLC					
Signature of Authorized Officer or employee: 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:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer or employee: Kent Dau					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 563-285-9611					
Study Area Code of Reporting Carrier	351150		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: DUMONT TEL CO					
Signature of Authorized Officer or employee: Roger Kregel <small>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel co,l=Dumont IA 50625-0349, Date:5/22/2017</small>				Date: 5/22/2017	
Printed name of Authorized Officer or employee: Roger Kregel					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 641-857-3211					
Study Area Code of Reporting Carrier	351152		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Dunkerton Telephone Cooperative			
Signature of authorized officer <i>Sue Bruns</i>		Date	5-18-17
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)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: EAST BUCHANAN COOP</p>					
<p>Signature of Authorized Officer or employee: Butch Rorabaugh</p>				<p>Digitally signed by Butch Rorabaugh DN:cn=Butch Rorabaugh,email=butch.rorabaugh@eastbuchanan.com,O=east buchanan coop,l=Winthrop IA 50682, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Butch Rorabaugh</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-935-3011</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351156</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ELLSWORTH COOP ASSN</p>					
<p>Signature of Authorized Officer or employee: Joshua Angove</p>				<p><small>Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop assn,l=Ellsworth IA 50075-0458, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Joshua Angove</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-836-4431</p>					
<p>Study Area Code of Reporting Carrier</p>	351157		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MINBURN TELECOMM.</p>					
<p>Signature of Authorized Officer or employee: Debra Lucht</p>				<p><small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecomm.,l=Minburn IA 50167, Date:5/16/2017</small></p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Debra Lucht</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 515-677-2264</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351158</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: F&B COMMUNICATIONS</p>					
<p>Signature of Authorized Officer or employee: Brenda Kay</p>				<p>Digitally signed by Brenda Kay DN:cn=Brenda Kay,email=brenda@fbc-tele.com,O=f&b communications,l=Wheatland IA 52777-0309, Date:5/24/2017</p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: Brenda Kay</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 563-374-1236</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351160</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mark Harvey</p>				<p><small>Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=mharvey@fctc.coop,O=farmers coop tel co,l=Dysart IA 52224-0280, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Mark Harvey</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-476-7800</p>					
Study Area Code of Reporting Carrier	351162		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS & MERCHANTS</p>					
<p>Signature of Authorized Officer or employee: Susie Stalder</p>				<p><small>Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=sstalder@farmtel.com,O=farmers & merchants,l=Wayland IA 52654-0247, Date:5/22/2017</small></p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: Susie Stalder</p>					
<p>Title or position of Authorized Officer or employee: Operations Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-256-2736</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351166</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer or employee: Thomas Conry</p>				<p><small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,l=Harlan IA 51537-0311, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Thomas Conry</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 712-744-3131</p>					
Study Area Code of Reporting Carrier	351168		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer or employee: Tammy Wheeler</p>				<p><small>Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop,l=Moulton IA 52572, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Tammy Wheeler</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-642-3249</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351169</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL JESUP</p>					
<p>Signature of Authorized Officer or employee: Tony Lang</p>				<p>Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup, =Jesup IA 50648-0249, Date:5/25/2017</p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Tony Lang</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-827-1151</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351171</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Farmers Mutual Telephone Company - Nora Springs	
Signature of authorized officer			Date		5/22/2017
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		351172	Filing Due Date for this form (mm/dd/yyyy)		6/16/2017

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer or employee: Curtis Eldred</p>				<p>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@fmtcs.com,O=farmers mutual coop,l=Shellsburg IA 52332, Date:5/25/2017</p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Curtis Eldred</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-436-2224</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351173</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Kevin Cabbage</p>				<p><small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmcnet.com,O=farmers mutual tel,=Stanton IA 51573-0220, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Kevin Cabbage</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 712-829-2111</p>					
Study Area Code of Reporting Carrier	351174		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS TEL CO - BAT</p>					
<p>Signature of Authorized Officer or employee: Joe Snyder</p>				<p>Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=farmers tel co - bat,/=Bloomfield IA 52537, Date:5/22/2017</p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: Joe Snyder</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-664-2074</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351175</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: FARMERS TEL CO-ESSEX					
Signature of Authorized Officer or employee: 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:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer or employee: Tim Hill					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 712-379-3001					
Study Area Code of Reporting Carrier	351176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Farmers Telephone Company - Riceville			
Signature of authorized officer 		Date	5/22/2017
Printed name of authorized officer Joshua Hveem			
Title or position of authorized officer Chief Operating Officer			
Telephone number of authorized officer: (641) 210-8445			
Study Area Code of Reporting Carrier	351177	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FENTON CO-OP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Steven Longhenry</p>				<p><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:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Steven Longhenry</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-889-2785</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351179</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PARTNER COMM. COOP.</p>					
<p>Signature of Authorized Officer or employee: Arthur Cooper</p>				<p><small>Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=coop@pcctel.net,O=partner comm. coop.,l=, Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Arthur Cooper</p>					
<p>Title or position of Authorized Officer or employee: Board President</p>					
<p>Telephone number of Authorized Officer or employee: 641-498-7701</p>					
Study Area Code of Reporting Carrier	351187		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Goldfield Telephone Company	
Signature of authorized officer			Date		05/18/2017
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)		6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier River Valley Telecommunications Coop				
Signature of authorized officer <i>Pam Studer</i>			Date	5/23/2017
Printed name of authorized officer Pam Studer				
Title or position of authorized officer Secretary				
Telephone number of authorized officer: (712) 859-3300				
Study Area Code of Reporting Carrier		351189	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: GRAND MOUND COOP TEL					
Signature of Authorized Officer or employee: Marcus Behnken				<small>Digitally signed by Marcus Behnken DN:cn=Marcus Behnken,email=mbehnken@gmcta.coop,O=grand mound coop tel,l=Grand Mound IA 52751, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Marcus Behnken					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 563-847-3000					
Study Area Code of Reporting Carrier	351191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GRISWOLD CO-OP TEL</p>					
<p>Signature of Authorized Officer or employee: Amy McLaren</p>				<p>Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold co-op tel,l=Griswold IA 51535-0640, Date:5/22/2017</p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: Amy McLaren</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-778-2121</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351195</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HAWKEYE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Alex Soderquist</p>				<p><small>Digitally signed by Alex Soderquist DN:cn=Alex Soderquist,email=manager@hawkeyetelephone.com,O=hawkeye tel co,l=Hawkeye IA 52147-0250, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Alex Soderquist</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-427-3222</p>					
<p>Study Area Code of Reporting Carrier</p>	351199		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: HOSPERS TEL EXCH INC					
Signature of Authorized Officer or employee: David Raak				<small>Digitally signed by David Raak DN:cn=David Raak,email=dave@hospers tel exch inc,l=Hospers IA 51238, Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer or employee: David Raak					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 712-752-8100					
Study Area Code of Reporting Carrier	351202		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HUBBARD COOP ASSN</p>					
<p>Signature of Authorized Officer or employee: David Lowe</p>				<p><small>Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,l=Hubbard IA 50122-0428, Date:5/22/2017</small></p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: David Lowe</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 641-864-2216</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351203</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HUXLEY COMM. COOP.</p>					
<p>Signature of Authorized Officer or employee: Gary Clark</p>				<p><small>Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley comm. coop.,l=Huxley IA 50124-0036, Date:5/18/2017</small></p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Gary Clark</p>					
<p>Title or position of Authorized Officer or employee: General Manager and Executive VP</p>					
<p>Telephone number of Authorized Officer or employee: 515-597-2281</p>					
<p>Study Area Code of Reporting Carrier</p>	351205		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier IAMO Telephone Company-IA

Signature of authorized officer *Merlin Swanson*

Date

5-26-2017

Printed name of authorized officer Merlin Swanson

Title or position of authorized officer Secretary

Telephone number of authorized officer: (712) 583-3232

Study Area Code of Reporting Carrier

351206

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

6/16/2017

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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **FMTC-I35, Inc.**

Signature of authorized officer

Date

5/22/2017

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

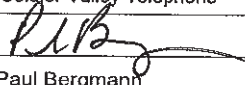
351209

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

6/16/2017

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier: Jordan Soldier Valley Telephone			
Signature of authorized officer: 		Date: 5/23/2017	
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): 6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: KALONA COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Casey Peck</p>				<p><small>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:5/30/2017</small></p> <p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Casey Peck</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 319-656-3668</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351214</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: KEYSTONE FRMS COOP					
Signature of Authorized Officer or employee: Byran Kimm				<small>Digitally signed by Byran Kimm DN:cn=Byran Kimm,email=keystone@netins.net,O=keystone frms coop,l=Keystone IA 52249-0277, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Byran Kimm					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 319-442-3241					
Study Area Code of Reporting Carrier	351217		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LA PORTE CITY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Chris Hopp</p>				<p><small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel co,l=Elkader IA 52043, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Chris Hopp</p>					
<p>Title or position of Authorized Officer or employee: Executive Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 563-245-4480</p>					
Study Area Code of Reporting Carrier	351220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LA MOTTE TEL CO</p>					
<p>Signature of Authorized Officer or employee: JoAnne Gregorich</p>				<p><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: 5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: JoAnne Gregorich</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-773-2213</p>					
<p>Study Area Code of Reporting Carrier</p>	351222		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: LEHIGH VALLEY COOP					
Signature of Authorized Officer or employee: Jim Suchan				<small>Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop,l=Lehigh IA 50557-0137, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Jim Suchan					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 515-359-2211					
Study Area Code of Reporting Carrier	351225		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LONE ROCK CO-OP TEL</p>					
<p>Signature of Authorized Officer or employee: Dan Meyer</p>				<p><small>Digitally signed by Dan Meyer DN:cn=Dan Meyer,email=lonerock@netins.net,O=lone rock co-op tel,l=Lone Rock IA 50559-0278, Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Dan Meyer</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-925-3271</p>					
Study Area Code of Reporting Carrier	351228		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LOST NATION-ELWOOD</p>					
<p>Signature of Authorized Officer or employee: Jan Muhl</p>				<small>Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood,lc= , Date:5/17/2017</small> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Jan Muhl</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 563-678-2470</p>					
Study Area Code of Reporting Carrier	351229		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTHEAST IOWA TEL</p>					
<p>Signature of Authorized Officer or employee: David Byers</p>				<p>Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=northeast iowa tel,l=Monona IA 52159-0835, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: David Byers</p>					
<p>Title or position of Authorized Officer or employee: COO/Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 563-539-2122</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351230</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: LYNNVILLE TEL. CO.					
Signature of Authorized Officer or employee: Gary Neill				Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=lynnville tel. co.,l= , Date:5/17/2017 Date: 5/17/2017	
Printed name of Authorized Officer or employee: Gary Neill					
Title or position of Authorized Officer or employee: Consultant					
Telephone number of Authorized Officer or employee: 402-477-1354					
Study Area Code of Reporting Carrier	351232		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: FARMERS (MANILLA)					
Signature of Authorized Officer or employee: 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:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer or employee: Thomas Conry					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 712-744-3131					
Study Area Code of Reporting Carrier	351235		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: MARNE & ELK HORN TEL					
Signature of Authorized Officer or employee: Janell Hansen <small>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=marne & elk horn tel,l=Elk Horn IA 51531, Date:5/23/2017</small>				Date: 5/23/2017	
Printed name of Authorized Officer or employee: Janell Hansen					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 712-764-6161					
Study Area Code of Reporting Carrier	351237		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: MARTELLE COOP ASSN					
Signature of Authorized Officer or employee: Hans Arwine				<small>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop assn,l=Mechanicsville IA 52306, Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer or employee: Hans Arwine					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 563-432-7221					
Study Area Code of Reporting Carrier	351238		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MASSENA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kathleen Foster</p>				<p><small>Digitally signed by Kathleen Foster DN:cn=Kathleen Foster,email=kfoster@massenatelephone.com,O=massena tel co,l=Massena IA 50853, Date:5/19/2017</small></p> <p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Kathleen Foster</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 712-779-2227</p>					
<p>Study Area Code of Reporting Carrier</p>	351239		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Mechanicsville Telephone Company			
Signature of authorized officer 		Date	5-25-2017
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)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MILES COOP TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Debra Chrest</p>				<p><small>Digitally signed by Debra Chrest DN:cn=Debra Chrest,email=milestele@netins.net,O=miles coop tel assn,l=Miles IA 52064-0280, Date:5/23/2017</small></p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Debra Chrest</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 563-682-7111</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351242</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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>					

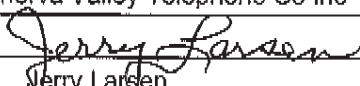
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MINBURN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Debra Lucht</p>				<p><small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel co,l=Minburn IA 50167, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Debra Lucht</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 515-677-2264</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351245</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Minerva Valley Telephone Co Inc	
Signature of authorized officer				Date	05/18/2017
Printed name of authorized officer		Jerry Larsen			
Title or position of authorized officer		Board President			
Telephone number of authorized officer:		(641) 487-7399			
Study Area Code of Reporting Carrier	351246	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		
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.					

FAXED

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: MODERN COOP TEL CO					
Signature of Authorized Officer or employee: Jeffrey Brower <div> <small>Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop tel co,l=South English IA 52335, Date:5/19/2017</small> </div>				Date: 5/19/2017	
Printed name of Authorized Officer or employee: Jeffrey Brower					
Title or position of Authorized Officer or employee: General Manager/COO					
Telephone number of Authorized Officer or employee: 319-667-2375					
Study Area Code of Reporting Carrier	351247		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Randy Foor</p>				<p><small>Digitally signed by Randy Foor DN:cn=Randy Foor,email=rdf@mutel.com,O=mutual tel co,l=Morning Sun IA 52640, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Randy Foor</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 319-868-7636</p>					
Study Area Code of Reporting Carrier	351250		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

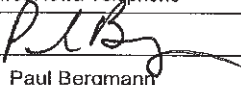
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MEDIAPOLIS TEL CO</p>					
<p>Signature of Authorized Officer or employee: Angie Rupe</p>				<p>Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel co,l=Mediapolis IA 52637, Date:5/19/2017</p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: Angie Rupe</p>					
<p>Title or position of Authorized Officer or employee: Office Manager & CFO</p>					
<p>Telephone number of Authorized Officer or employee: 319-394-3456</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351251</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: NORTH ENGLISH COOP					
Signature of Authorized Officer or employee: Reed Ostenberg <small>Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop,l=North English IA 52316, Date:5/16/2017</small>				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Reed Ostenberg					
Title or position of Authorized Officer or employee: COO					
Telephone number of Authorized Officer or employee: 319-664-3821					
Study Area Code of Reporting Carrier	351257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Northwest Iowa Telephone			
Signature of authorized officer 		Date	5/23/2017
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)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: NORTHWEST TEL COOP					
Signature of Authorized Officer or employee: Donald Miller				<small>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel coop,l=Havelock IA 50546, Date:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer or employee: Donald Miller					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 712-776-2222					
Study Area Code of Reporting Carrier	351261		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COMM 1 NETWORK</p>					
<p>Signature of Authorized Officer or employee: Randy Yeakel</p>				<p><small>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=comm 1 network,l=Kanawha IA 50447, Date:5/16/2017</small></p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Randy Yeakel</p>					
<p>Title or position of Authorized Officer or employee: General Manager/ Director</p>					
<p>Telephone number of Authorized Officer or employee: 641-762-3772</p>					
<p>Study Area Code of Reporting Carrier</p>	351262		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: OGDEN TEL CO - IA					
Signature of Authorized Officer or employee: James Heckman <small>Digitally signed by James Heckman DN:cn=James Heckman,email=ogdenteljim@netins.net,O=ogden tel co - ia, =Ogden IA 50212, Date:5/23/2017</small>				Date: 5/23/2017	
Printed name of Authorized Officer or employee: James Heckman					
Title or position of Authorized Officer or employee: General Manager / Executive VP					
Telephone number of Authorized Officer or employee: 515-275-2050					
Study Area Code of Reporting Carrier	351263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: OLIN TEL CO, INC					
Signature of Authorized Officer or employee: Rodney Cozart <small>Digitally signed by Rodney Cozart DN:cn=Rodney Cozart,email=olintel@netins.net,O=olin tel co, inc,lc=Olin IA 52320-0130, Date:5/22/2017</small>				Date: 5/22/2017	
Printed name of Authorized Officer or employee: Rodney Cozart					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 319-484-2200					
Study Area Code of Reporting Carrier	351264		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ONSLow COOP TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Russ Benke</p>				<p><small>Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=onslow coop tel assn,I=Onslow IA 52321, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Russ Benke</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-485-2833</p>					
Study Area Code of Reporting Carrier	351265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ORAN MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Barb Gruetzmacher</p>				<p><small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co, Date:5/18/2017</small></p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Barb Gruetzmacher</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 319-638-6006</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351266</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PALO COOP TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Mark Harvey</p>				<p><small>Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=ctcmanager@netins.net,O=palo coop tel assn,l=Dysart IA 52224-0280, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Mark Harvey</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-476-7800</p>					
<p>Study Area Code of Reporting Carrier</p>	351269		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PALMER MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Andy Peterson</p>				<p><small>Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,/=Palmer IA 50571, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Andy Peterson</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 712-359-2411</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351270</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PANORA COMM COOP</p>					
<p>Signature of Authorized Officer or employee: Andrew Randol</p>				<p><small>Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora comm coop,l=Panora IA 50216, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Andrew Randol</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 641-755-2424</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351271</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PEOPLES TEL CO - IA</p>					
<p>Signature of Authorized Officer or employee: Curt Kawlewski</p>					<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia, Date:5/18/2017</small></p>
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Curt Kawlewski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-233-4172</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351273</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PRAIRIEBURG TEL CO</p>					
<p>Signature of Authorized Officer or employee: LaRae Reichenauer</p>				<p>Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel co, Date:5/19/2017</p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: LaRae Reichenauer</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 319-437-3611</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351275</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: PRESTON TEL CO					
Signature of Authorized Officer or employee: Roger Kilburg <small>Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestontel.com,O=preston tel co,l=Preston IA 52069-0167, Date:5/23/2017</small>				Date: 5/23/2017	
Printed name of Authorized Officer or employee: Roger Kilburg					
Title or position of Authorized Officer or employee: Manager/Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 563-689-3811					
Study Area Code of Reporting Carrier	351276		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: RADCLIFFE TEL CO					
Signature of Authorized Officer or employee: Edwin Drake <small>Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@netins.net,O=radcliffe tel co,l=Radcliffe IA 50230-0140, Date:5/18/2017</small>				Date: 5/18/2017	
Printed name of Authorized Officer or employee: Edwin Drake					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 515-899-2341					
Study Area Code of Reporting Carrier	351277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: RINGSTED TEL CO</p>					
<p>Signature of Authorized Officer or employee: Aaron McCartan</p>				<p><small>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel co,l=Ringsted IA 50578, Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Aaron McCartan</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-866-8000</p>					
Study Area Code of Reporting Carrier	351280		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ROCKWELL COOP ASSN</p>					
<p>Signature of Authorized Officer or employee: David Severin</p>				<p><small>Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,l=Rockwell IA 50469, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: David Severin</p>					
<p>Title or position of Authorized Officer or employee: General Mgr/Assist Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 641-822-3212</p>					
Study Area Code of Reporting Carrier	351282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ROYAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: John Noah</p>				<small>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel co,l=Royal IA 51357, Date:5/18/2017</small> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: John Noah</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CCO</p>					
<p>Telephone number of Authorized Officer or employee: 712-933-2615</p>					
Study Area Code of Reporting Carrier	351283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier River Valley Telecommunications Coop				
Signature of authorized officer <i>Pam Studer</i>			Date	5/23/2017
Printed name of authorized officer Pam Studer				
Title or position of authorized officer Secretary				
Telephone number of authorized officer: (712) 895-3300 ext.				
Study Area Code of Reporting Carrier	351284	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SAC COUNTY MUTUAL</p>					
<p>Signature of Authorized Officer or employee: Ronald Sorensen</p>				<small>Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual,=Odebolt IA 51458, Date:5/23/2017</small> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Ronald Sorensen</p>					
<p>Title or position of Authorized Officer or employee: Compliance Officer</p>					
<p>Telephone number of Authorized Officer or employee: 712-668-2200</p>					
Study Area Code of Reporting Carrier	351285		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: SCHALLER TEL CO					
Signature of Authorized Officer or employee: Missy Kestel				<small>Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel co,l=Schaller IA 51053, Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer or employee: Missy Kestel					
Title or position of Authorized Officer or employee: Accounting General Manager					
Telephone number of Authorized Officer or employee: 712-275-4211					
Study Area Code of Reporting Carrier	351291		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: SEARSBORO TEL CO					
Signature of Authorized Officer or employee: Gary Neill				<small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=searsboro tel co, Inc., Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: Gary Neill					
Title or position of Authorized Officer or employee: Consultant					
Telephone number of Authorized Officer or employee: 402-477-1354					
Study Area Code of Reporting Carrier	351292		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SHARON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Schneider, Jr.</p>				<p><small>Digitally signed by Robert Schneider, Jr. DN:cn=Robert Schneider, Jr., email=sharontc@sharontc.net,O=sharon tel co,l=Hills IA 52235, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Robert Schneider, Jr.</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-679-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351293</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SCRANTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Allen Jacob</p>				<p><small>Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel co,l=Scranton IA 51462, Date:5/19/2017</small></p> <p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Allen Jacob</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-652-3355</p>					
<p>Study Area Code of Reporting Carrier</p>	351294		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: SHELL ROCK COMM					
Signature of Authorized Officer or employee: Richard McBurney				<small>Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=shell rock comm,=Plainfield IA 50666-0099, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: Richard McBurney					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 319-276-4458					
Study Area Code of Reporting Carrier	351295		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HEART OF IOWA COMM.</p>					
<p>Signature of Authorized Officer or employee: Bryan Amundson</p>				<p><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:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Bryan Amundson</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-486-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	351297		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SOUTH SLOPE COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Chuck Deisbeck</p>				<p>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop tel,=North Liberty IA 52317, Date:5/24/2017</p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: Chuck Deisbeck</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-626-2211</p>					
Study Area Code of Reporting Carrier	351298		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier FMTC-SWT, Inc.			
Signature of authorized officer 		Date	5/22/2017
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	351301	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SPRINGVILLE COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Jean Schilling</p>				<p><small>Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvt@netins.net,O=springville coop tel,l=Springville IA 52336-0009, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Jean Schilling</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-854-6107</p>					
<p>Study Area Code of Reporting Carrier</p>	351302		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Cooperative Telephone Exchange			
Signature of authorized officer 		Date	5/16/2017
Printed name of authorized officer Marvin Ness			
Title or position of authorized officer President			
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)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SO. SLOPE-SWISHER</p>					
<p>Signature of Authorized Officer or employee: Chuck Deisbeck</p>				<p><small>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=so.slope-swisher, North Liberty IA 52317, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Chuck Deisbeck</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-626-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	351304		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: STRATFORD MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Jen Frank</p>				<p>Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel,=Stratford IA 50249, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Jen Frank</p>					
<p>Title or position of Authorized Officer or employee: Assistant Secretary/Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-838-2390</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351305</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: SULLY TEL ASSOC					
Signature of Authorized Officer or employee: Earl "Jack" De Angelo				<small>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:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Earl "Jack" De Angelo					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 641-594-2905					
Study Area Code of Reporting Carrier	351306		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SUPERIOR TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Cheryl Noble</p>				<p><small>Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel coop,l=Superior IA 51363, Date:5/18/2017</small></p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Cheryl Noble</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-858-4591</p>					
<p>Study Area Code of Reporting Carrier</p>	351307		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Templeton Telephone Company			
Signature of authorized officer: <i>Patricia Snyder</i>		Date: 05/16/2017	
Printed name of authorized officer: Patricia Snyder			
Title or position of authorized officer: Secretary/Treasurer			
Telephone number of authorized officer: (712) 669-3311 ext.			
Study Area Code of Reporting Carrier	351308	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TERRIL TEL. COOP.</p>					
<p>Signature of Authorized Officer or employee: John Noah</p>				<small>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril tel. coop.,I=Terril IA 51364, Date:5/17/2017</small> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: John Noah</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CCO</p>					
<p>Telephone number of Authorized Officer or employee: 712-853-1300</p>					
Study Area Code of Reporting Carrier	351309		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TITONKA-BURT</p>					
<p>Signature of Authorized Officer or employee: Vicky Nelson</p>				<p><small>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,/=Titonka IA 50480-0321, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Vicky Nelson</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 515-928-2110</p>					
<p>Study Area Code of Reporting Carrier</p>	351310		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: UNITED FARMERS TEL</p>					
<p>Signature of Authorized Officer or employee: Roxanne White</p>				<p>Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel,l=Everly IA 51338, Date:5/24/2017</p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: Roxanne White</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 712-834-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351316</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: VAN BUREN TEL CO					
Signature of Authorized Officer or employee: Kevin Hranicka <small>Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosauqua IA 52565-0430, Date:5/18/2017</small>				Date: 5/18/2017	
Printed name of Authorized Officer or employee: Kevin Hranicka					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 319-293-3187					
Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: VAN HORNE COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Kerry Less</p>				<p><small>Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,l=Van Horne IA 52346-0096, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Kerry Less</p>					
<p>Title or position of Authorized Officer or employee: CFO - Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 319-228-8791</p>					
Study Area Code of Reporting Carrier	351320		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: VENTURA TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: Thomas Lovell</p>				<p><small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel co, inc,l=Clear Lake IA 50428-0066, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Thomas Lovell</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 641-357-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	351322		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: VILLISCA FARMERS TEL					
Signature of Authorized Officer or employee: Kevin Cabbage				<small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel, =Stanton IA 51573-0220, Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer or employee: Kevin Cabbage					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 712-829-2111					
Study Area Code of Reporting Carrier	351324		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: WALNUT TEL CO, INC					
Signature of Authorized Officer or employee: 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:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer or employee: Janell Hansen					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 712-784-2211					
Study Area Code of Reporting Carrier	351326		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEBSTER-CALHOUN COOP</p>					
<p>Signature of Authorized Officer or employee: Daryl Carlson</p>				<p><small>Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop,l=Gowrie IA 50543-0475, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Daryl Carlson</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-352-3151</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351328</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WELLMAN COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Jayne Hochstedler</p>				<p><small>Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop tel,l=Wellman IA 52356-0170, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Jayne Hochstedler</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 319-646-6075</p>					
<p>Study Area Code of Reporting Carrier</p>	351329		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEST IOWA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Gannon</p>				<p><small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel co,l=Remsen IA 51050-0330, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Robert Gannon</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 712-786-5572</p>					
<p>Study Area Code of Reporting Carrier</p>	351331		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEST LIBERTY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Craig Bieber</p>				<p><small>Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,lc=, Date:5/18/2017</small></p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Craig Bieber</p>					
<p>Title or position of Authorized Officer or employee: Controller/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 319-627-2145</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351332</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: WESTERN IOWA ASSN					
Signature of Authorized Officer or employee: 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:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Heath Mallory					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 712-944-5711					
Study Area Code of Reporting Carrier	351334		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WESTSIDE INDEPENDENT</p>					
<p>Signature of Authorized Officer or employee: Kevin Skinner</p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside independent,l=Breda IA 51436-0109, Date:5/19/2017</small></p> <p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Kevin Skinner</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 712-673-2311</p>					
<p>Study Area Code of Reporting Carrier</p>	351335		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: WILTON TEL CO					
Signature of Authorized Officer or employee: Stacie Harris				<small>Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilton tel co,l=Wilton IA 52778-0970, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Stacie Harris					
Title or position of Authorized Officer or employee: General Manager/CFO					
Telephone number of Authorized Officer or employee: 563-732-3000					
Study Area Code of Reporting Carrier	351336		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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.					

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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				Woolstock Mutual Telephone	
Signature of authorized officer			Date		5-17-17
Printed name of authorized officer					
Chris Simmons					
Title or position of authorized officer					
General Mgr.					
Telephone number of authorized officer					
515-839-5571					
Study Area Code of Reporting Carrier		351342	Filing Due Date for this form (mm/dd/yyyy)		6/16/2017
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.					

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<p>Name of Reporting Carrier: WYOMING MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Debra Williams</p>				<p><small>Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel,l=Wyoming IA 52362, Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Debra Williams</p>					
<p>Title or position of Authorized Officer or employee: Office Manager/Board Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 563-488-2535</p>					
Study Area Code of Reporting Carrier	351343		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: PRAIRIE TEL CO					
Signature of Authorized Officer or employee: Kevin Skinner				<small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=prairie tel co,l=Breda IA 51436-0109, Date:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer or employee: Kevin Skinner					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 712-673-2311					
Study Area Code of Reporting Carrier	351344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALLIANCE-HILLS IA</p>					
<p>Signature of Authorized Officer or employee: Kari Flanagan</p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills ia, =Garretson SD 57030, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Kari Flanagan</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 605-594-8228</p>					
<p>Study Area Code of Reporting Carrier</p>	351405		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: KILLDUFF TEL. CO.</p>					
<p style="text-align: center;">Gary Neill</p>				<small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=killduff tel. co.,l= , Date:5/17/2017</small>	
<p>Signature of Authorized Officer or employee:</p>					
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Gary Neill</p>					
<p>Title or position of Authorized Officer or employee: Consultant</p>					
<p>Telephone number of Authorized Officer or employee: 402-477-1354</p>					
Study Area Code of Reporting Carrier	351407		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: MABEL COOP TEL-IA</p>					
<p>Signature of Authorized Officer or employee: Julie Kolka</p>				<p>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabelltel.coop,O=mabel coop tel-ia,l=Mabel MN 55954, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Julie Kolka</p>					
<p>Title or position of Authorized Officer or employee: Interim General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 507-493-5411</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351424</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<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>					