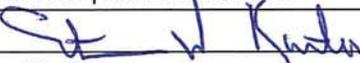


TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Albany Mutual Telephone Association			
Signature of Authorized Officer 			Date 5/18/2017
Printed name of Authorized Officer Steven W. Katka			
Title or position of Authorized Officer CEO/General Manager			
Telephone number of Authorized Officer: (320) 845-2101 ext.			
Study Area Code of Reporting Carrier	361347	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WILDERNESS VALLEY					
Signature of Authorized Officer: Robert Riddell				<small>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=wilderness valley,l= , Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Robert Riddell					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 218-488-6565					
Study Area Code of Reporting Carrier	361348		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CITY OF BARNESVILLE					
Signature of Authorized Officer: Guy Swenson				<small>Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=gswenson@bvillemn.net,O=city of barnesville,/=Barnesville MN 56514, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Guy Swenson					
Title or position of Authorized Officer: TEC Manager					
Telephone number of Authorized Officer: 218-354-2292					
Study Area Code of Reporting Carrier	361353		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BENTON COOP TEL CO					
Signature of Authorized Officer: Cheryl Scapanski				<small>Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop tel co, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Cheryl Scapanski					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 320-393-2115					
Study Area Code of Reporting Carrier	361356		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CALLAWAY TEL CO					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel co,l= , Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLARA CITY TEL EXCH					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel exch, Date:5/17/2017	
Date: 5/17/2017					
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	361370		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLEMENTS TEL CO					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361372		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier					CONSOLIDATED TELEPHONE COMPANY - MN						
Signature of Authorized Officer				<i>Kevin T. Larson</i>				Date		05/18/2017	
Printed name of Authorized Officer				Kevin T Larson							
Title or position of Authorized Officer				CEO/General Manager							
Telephone number of Authorized Officer: (218) 454-1101 ext.											
Study Area Code of Reporting Carrier			361373		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.											

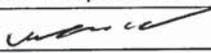
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DUNNELL TEL CO					
Signature of Authorized Officer: Charles Mattingly				<small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=dunnell tel co,l=Judson TX 75660, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Charles Mattingly					
Title or position of Authorized Officer: Managing Member					
Telephone number of Authorized Officer: 903-663-0099					
Study Area Code of Reporting Carrier	361381		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier Eckles Telephone Company			
Signature of Authorized Officer 			Date 5/30/2017
Printed name of Authorized Officer William Eckles			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (507) 526-3252 ext.			
Study Area Code of Reporting Carrier	361386	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: EMILY COOP TEL CO					
Signature of Authorized Officer: Josh Netland				<small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop tel co,l=Emily MN 56447, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Josh Netland					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 218-763-3000					
Study Area Code of Reporting Carrier	361387		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.					

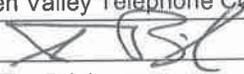
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS MUTUAL TEL					
Signature of Authorized Officer: Kevin Beyer				<small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Kevin Beyer					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 320-568-2105					
Study Area Code of Reporting Carrier	361389		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FEDERATED TEL COOP					
Signature of Authorized Officer: Kevin Beyer				<small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel coop,l=Chokio MN 56221, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Kevin Beyer					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 320-324-7111					
Study Area Code of Reporting Carrier	361390		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier Garden Valley Telephone Company</p>			
<p>Signature of Authorized Officer </p>			<p>Date May 16, 2017</p>
<p>Printed name of Authorized Officer Tim Brinkman</p>			
<p>Title or position of Authorized Officer CEO/General Manager</p>			
<p>Telephone number of Authorized Officer: (218) 687-2400 ext. 200</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>361395</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GARDONVILLE COOP TEL					
Signature of Authorized Officer: David Wolf				<small>Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop tel, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: David Wolf					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 320-524-2211					
Study Area Code of Reporting Carrier	361396		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Halstad Telephone Company			
Signature of Authorized Officer 			Date 05/19/2017
Printed name of Authorized Officer Mark Forseth			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer: (218) 456-2125 , ext.			
Study Area Code of Reporting Carrier	361401	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2017
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FEDERATED TEL COOP					
Signature of Authorized Officer: Kevin Beyer				<small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel coop,l=Chokio MN 56221, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Kevin Beyer					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 320-324-7111					
Study Area Code of Reporting Carrier	361403		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HARMONY TEL CO					
Signature of Authorized Officer: Jill Fishbauger				<small>Digitally signed by Jill Fishbauger DN:cn=Jill Fishbauger,email=jill@harmonytel.com,O=harmony tel co,l=Harmony MN 55939-0308, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Jill Fishbauger					
Title or position of Authorized Officer: VP of Operations					
Telephone number of Authorized Officer: 507-886-2525					
Study Area Code of Reporting Carrier	361404		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALLIANCE-HILLS MN					
Signature of Authorized Officer: Kari Flanagan				<small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills mn,l=Garretson SD 57030, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	361405		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HOME TEL CO - MN					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel co - mn, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361408		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HUTCHINSON TEL CO					
Signature of Authorized Officer: Curt Kawlewski				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson tel co, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Curt Kawlewski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-233-4172					
Study Area Code of Reporting Carrier	361409		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Johnson Telephone Company			
Signature of Authorized Officer <i>Donna Gunderson</i>			Date 5/26/2017
Printed name of Authorized Officer Donna Gunderson			
Title or position of Authorized Officer Corporate Secretary			
Telephone number of Authorized Officer: (218) 566-2302 ext.			
Study Area Code of Reporting Carrier	361410	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.			

Transmittal No. 1519

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KASSON & MANTORVILLE					
Signature of Authorized Officer: Beth Tollefson				<small>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson & mantorville, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Beth Tollefson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-634-2511					
Study Area Code of Reporting Carrier	361412		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LISMORE COOP TEL CO

Signature of Authorized Officer: **Tarri Joens**

Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretel.com,O=lismore coop tel co,|Lismore MN 56155-0127, Date:5/16/2017

Date: 5/16/2017

Printed name of Authorized Officer: Tarri Joens

Title or position of Authorized Officer: Office Manager

Telephone number of Authorized Officer: 507-472-8748

Study Area Code of Reporting Carrier

361419

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LONSDALE TEL CO					
Signature of Authorized Officer: Bonnie Simon				<small>Digitally signed by Bonnie Simon DN:cn=Bonnie Simon,email=bsimon@lonsdaletel.com,O=lonsdale tel co,l=Lonsdale MN 55046, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Bonnie Simon					
Title or position of Authorized Officer: Secretary					
Telephone number of Authorized Officer: 507-744-2311					
Study Area Code of Reporting Carrier	361422		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Runestone Telephone Association			
Signature of Authorized Officer <i>John M. Kapphahn</i>			Date 5-19-2017
Printed name of Authorized Officer John Kapphahn			
Title or position of Authorized Officer Secretary/Treasurer			
Telephone number of Authorized Officer: (320) 986-2013 ext.			
Study Area Code of Reporting Carrier	361423	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2017
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MABEL COOP TEL - MN					
Signature of Authorized Officer: Julie Kolka				<small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop tel - mn,l=Mabel MN 55954, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Julie Kolka					
Title or position of Authorized Officer: Interim General Manager					
Telephone number of Authorized Officer: 507-493-5411					
Study Area Code of Reporting Carrier	361424		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHRISTENSEN COMM CO					
Signature of Authorized Officer: Brent Christensen				<small>Digitally signed by Brent Christensen DN:cn=Brent Christensen,email=brentc@chriscomco.net,O=christensen comm co, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Brent Christensen					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 507-642-5514					
Study Area Code of Reporting Carrier	361425		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Manchester-Hartland Telephone Company			
Signature of Authorized Officer: <i>Phillip Morreim</i>			Date 05/19/2017
Printed name of Authorized Officer Phillip Morreim			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (507) 826-3212 ext.			
Study Area Code of Reporting Carrier	361426	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MELROSE TEL CO					
Signature of Authorized Officer: Staci Malikowski				Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose tel co,l= , Date:5/18/2017	
Date: 5/18/2017					
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361430		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDWEST TEL CO					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel co, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361431		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MINNESOTA VALLEY TEL					
Signature of Authorized Officer: Danny Busche				<small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@iive.com,O=minnesota valley tel,l=Franklin MN 55333, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Danny Busche					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 507-557-2275					
Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NEW ULM TELECOM, INC					
Signature of Authorized Officer: Curt Kawlewski				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Curt Kawlewski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-233-4172					
Study Area Code of Reporting Carrier	361442		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LORETEL SYSTEMS, INC					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc,lc= , Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361443		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PARK REGION MUTUAL					
Signature of Authorized Officer: Dave Bickett				<small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual,l=Underwood MN 56586-0277, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Dave Bickett					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 218-826-6161					
Study Area Code of Reporting Carrier	361450		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PAUL BUNYAN RURAL					
Signature of Authorized Officer: Dave Schultz				<small>Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=d Schultz@paulbunyan.net,O=paul bunyan rural,l= , Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Dave Schultz					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-444-1141					
Study Area Code of Reporting Carrier	361451		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: REDWOOD COUNTY TEL					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361472		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ROTHSAY TEL CO, INC					
Signature of Authorized Officer: Dave Bickett				<small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=rothsay tel co, inc,l=Underwood MN 56586-0277, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Dave Bickett					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 218-826-6161					
Study Area Code of Reporting Carrier	361474		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

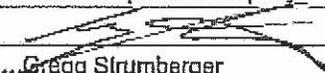
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier Runestone Telephone Association					
Signature of Authorized Officer <i>John M. Kapphahn</i>				Date 5-19-2017	
Printed name of Authorized Officer John Kapphahn					
Title or position of Authorized Officer Secretary/Treasurer					
Telephone number of Authorized Officer: (320) 986-2013 , ext.					
Study Area Code of Reporting Carrier	361475	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SACRED HEART TEL CO					
Signature of Authorized Officer: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel co,lc=, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	361476		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <u>Scott Rice Telephone Company</u>			
Signature of Authorized Officer 			Date <u>5/23/2017</u>
Printed name of Authorized Officer <u>Gregg Strumberger</u>			
Title or position of Authorized Officer <u>Assistant Secretary</u>			
Telephone number of Authorized Officer: <u>(303) 381-4666 ext.</u>			
Study Area Code of Reporting Carrier	<u>361479</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b) or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SLEEPY EYE TEL CO					
Signature of Authorized Officer: Curt Kawlewski				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel co, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Curt Kawlewski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-233-4172					
Study Area Code of Reporting Carrier	361483		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SPRING GROVE COMM.					
Signature of Authorized Officer: Craig Otterness				Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove comm.,l=Spring Grove MN 55974-0516, Date:5/23/2017	
Date: 5/23/2017					
Printed name of Authorized Officer: Craig Otterness					
Title or position of Authorized Officer: GM/CEO					
Telephone number of Authorized Officer: 507-498-3456					
Study Area Code of Reporting Carrier	361485		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: STARBUCK TEL CO					
Signature of Authorized Officer: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel co,l= , Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	361487		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: UPSALA COOP TEL ASSN					
Signature of Authorized Officer: Tony Gebhard				<small>Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala coop tel assn,l=Upsala MN 56384, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Tony Gebhard					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 320-573-1390					
Study Area Code of Reporting Carrier	361494		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VALLEY TEL CO - MN					
Signature of Authorized Officer: Dave Bickett				<small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=valley tel co - mn,l=Underwood MN 56586-0277, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Dave Bickett					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 218-826-6161					
Study Area Code of Reporting Carrier	361495		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRI-CO/CROSSLAKE					
Signature of Authorized Officer: Josh Netland				<small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=tri-co/crosslake,I=E mily MN 56447, Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer: Josh Netland					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 218-763-3000					
Study Area Code of Reporting Carrier	361499		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTHERN TEL CO - MN					
Signature of Authorized Officer: Robert Riddell				<small>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecbw.net,O=northern tel co - mn,l= , Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Robert Riddell					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 218-488-6565					
Study Area Code of Reporting Carrier	361500		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WEST CENTRAL TEL					
Signature of Authorized Officer: Chad Bullock				<small>Digitally signed by Chad Bullock DN:cn=Chad Bullock,email=chadb@wcta.net,O=west central tel,l=Sebeka MN 56477, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Chad Bullock					
Title or position of Authorized Officer: CEO-GM					
Telephone number of Authorized Officer: 218-837-5151					
Study Area Code of Reporting Carrier	361501		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WESTERN TEL CO					
Signature of Authorized Officer: Curt Kawlewski				Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western tel co,l= , Date:5/18/2017	
Date: 5/18/2017					
Printed name of Authorized Officer: Curt Kawlewski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-233-4172					
Study Area Code of Reporting Carrier	361502		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Wikstrom Telephone Co Inc			
Signature of Authorized Officer <i>Leslie B Wikstrom</i>			Date 05/24/2017
Printed name of Authorized Officer Leslie B Wikstrom			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (218) 436-2121 ext.			
Study Area Code of Reporting Carrier	361505	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WINTHROP TEL CO**

Signature of Authorized Officer: **Danny Busche**

Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@iive.com,O=winthrop tel co,l=Franklin MN 55333, Date:5/18/2017

Date: **5/18/2017**

Printed name of Authorized Officer: **Danny Busche**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **507-557-2275**

Study Area Code of Reporting Carrier

361508

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.

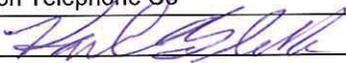
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WOODSTOCK TEL CO					
Signature of Authorized Officer: Terry Nelson				Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock tel co,l=Ruthton MN 56170, Date:5/17/2017	
Date: 5/17/2017					
Printed name of Authorized Officer: Terry Nelson					
Title or position of Authorized Officer: Operations Manager					
Telephone number of Authorized Officer: 507-658-3830					
Study Area Code of Reporting Carrier	361510		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Wolverton Telephone Co			
Signature of Authorized Officer 			Date 5/17/2017
Printed name of Authorized Officer Karl Blake			
Title or position of Authorized Officer Executive Vice President			
Telephone number of Authorized Officer: (701) 284-7221 , ext.			
Study Area Code of Reporting Carrier	361512	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ZUMBROTA TEL CO					
Signature of Authorized Officer: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota tel co,= , Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	361515		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: INTERSTATE TELECOMM.					
Signature of Authorized Officer: Tracy Bandemer				<small>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecom.,l=Clear Lake SD 57226-0920, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Tracy Bandemer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-874-2181					
Study Area Code of Reporting Carrier	361654		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ARAPAHOE TEL CO					
Signature of Authorized Officer: John Koller				<small>Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atojet.net,O=arapahoe tel co,l=Arapahoe NE 68922, Date:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer: John Koller					
Title or position of Authorized Officer: VP Operations					
Telephone number of Authorized Officer: 308-962-7298					
Study Area Code of Reporting Carrier	371516		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ARLINGTON TEL CO**

Signature of Authorized Officer: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=arlington tel co,l= , Date:5/25/2017

Date: **5/25/2017**

Printed name of Authorized Officer: **Joe Jetensky**

Title or position of Authorized Officer: **President/GM**

Telephone number of Authorized Officer: **402-426-6245**

Study Area Code of Reporting Carrier

371517

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ELSIE COMM., INC.					
Signature of Authorized Officer: David Shipley				<small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie comm.,inc.,l=Colorado City CO 81019, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: David Shipley					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 866-542-6780					
Study Area Code of Reporting Carrier	371518		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: THE BLAIR TEL CO					
Signature of Authorized Officer: Joe Jetensky				<small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=the blair tel co,l= , Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Joe Jetensky					
Title or position of Authorized Officer: President/GM					
Telephone number of Authorized Officer: 402-426-6245					
Study Area Code of Reporting Carrier	371524		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

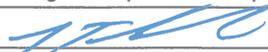
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: THREE RIVER TELCO					
Signature of Authorized Officer: Neil Classen				<small>Digitally signed by Neil Classen DN:cn=Neil Classen,email=neil@threeriver.net,O=three river telco,l=Lynch NE 68746-0066, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Neil Classen					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 402-569-2666					
Study Area Code of Reporting Carrier	371525		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Cambridge Telephone Company					
Signature of Authorized Officer						Date		05/16/2017	
Printed name of Authorized Officer				J. Thomas Shoemaker					
Title or position of Authorized Officer				Executive Vice President					
Telephone number of Authorized Officer:				(308) 697-3333, ext.					
Study Area Code of Reporting Carrier		371526		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CONSOLIDATED TELCO					
Signature of Authorized Officer: Wendy Thompson Fast				<small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco,l=Lincoln NE 68506-0147, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Wendy Thompson Fast					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 402-489-2728					
Study Area Code of Reporting Carrier	371530		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLARKS TELECOM CO.					
Signature of Authorized Officer: Patrick McElroy				<small>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=clarks telecom co.,l= , Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Patrick McElroy					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 402-632-4321					
Study Area Code of Reporting Carrier	371531		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COZAD TEL CO					
Signature of Authorized Officer: Marcus Young				<small>Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad tel co,l= , Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Marcus Young					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 308-784-4044					
Study Area Code of Reporting Carrier	371534		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DALTON TEL CO, INC					
Signature of Authorized Officer: David Shipley				<small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,l=Colorado City CO 81019, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: David Shipley					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 866-542-6779					
Study Area Code of Reporting Carrier	371537		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DILLER TEL CO					
Signature of Authorized Officer: Loren Duerksen				<small>Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller tel co,l=Diller NE 68342-0236, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Loren Duerksen					
Title or position of Authorized Officer: General Manager/Director of Operations					
Telephone number of Authorized Officer: 402-793-5330					
Study Area Code of Reporting Carrier	371540		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: EASTERN NEBRASKA TEL					
Signature of Authorized Officer: Joe Jetensky				<small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=eastern nebraska tel,lc=, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Joe Jetensky					
Title or position of Authorized Officer: President/GM					
Telephone number of Authorized Officer: 402-426-6245					
Study Area Code of Reporting Carrier	371542		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GLENWOOD TEL MEMBER					
Signature of Authorized Officer: Stanley Rouse				<small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood tel member,l=Blue Hill NE 68930-0008, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Stanley Rouse					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 402-756-3131					
Study Area Code of Reporting Carrier	371553		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Hamilton Telephone Company</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>5-2-17</u>
Printed name of Authorized Officer <u>John Nelson</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer <u>(402) 694-5101 ext.</u>			
County Area Code of Reporting Carrier	<u>371555</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(h), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HARTINGTON TELECOM					
Signature of Authorized Officer: Mike Becker				<small>Digitally signed by Mike Becker DN:cn=Mike Becker,email=mbecker@hartel.net,O=hartington telecom,l=Hartington NE 68739-0157, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Mike Becker					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 402-254-3901					
Study Area Code of Reporting Carrier	371556		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HARTMAN TEL EXCH INC					
Signature of Authorized Officer: Linda McKain				<small>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=hartman tel exch inc,l=Benkelman NE 69021, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Linda McKain					
Title or position of Authorized Officer: Accounting Manager					
Telephone number of Authorized Officer: 308-423-5607					
Study Area Code of Reporting Carrier	371557		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HEMINGFORD COOP TEL					
Signature of Authorized Officer: Tonya Mayer				<small>Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop tel,l=Hemingford NE 69348-0246, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Tonya Mayer					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 308-487-3311					
Study Area Code of Reporting Carrier	371558		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **HENDERSON CO-OP TEL**

Signature of Authorized Officer: **James Mestl**

Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henders on co-op tel,l=Henderson NE 68371, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **James Mestl**

Title or position of Authorized Officer: **Board President**

Telephone number of Authorized Officer: **402-723-4448**

Study Area Code of Reporting Carrier	371559		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HERSHEY COOP TEL CO					
Signature of Authorized Officer: Rex Woolley				<small>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey coop tel co,l=Hershey NE 69143, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Rex Woolley					
Title or position of Authorized Officer: General Manager & CEO					
Telephone number of Authorized Officer: 308-368-5561					
Study Area Code of Reporting Carrier	371561		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HOOPER TEL CO					
Signature of Authorized Officer: Robert Gannon				<small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper tel co,l=Remsen IA 51050-0330, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Robert Gannon					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-786-5572					
Study Area Code of Reporting Carrier	371563		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: K & M TEL CO, INC					
Signature of Authorized Officer: Thomas Magnuson				<small>Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k & m tel co, inc,=Chambers NE 68725, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Thomas Magnuson					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 402-482-5800					
Study Area Code of Reporting Carrier	371565		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GLENWOOD NET SRV					
Signature of Authorized Officer: Stanley Rouse				<small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood net srv,l=Blue Hill NE 68930-0008, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Stanley Rouse					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 402-756-3131					
Study Area Code of Reporting Carrier	371567		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NEBRASKA CENTRAL TEL**

Signature of Authorized Officer: **Nancy McGregor-Jader**

Digitally signed by Nancy McGregor-Jader
 DN:cn=Nancy
 McGregor-Jader,email=njader@nctc.net,O=nebraska
 central tel,l=Gibbon NE 68840-0700, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Nancy McGregor-Jader**

Title or position of Authorized Officer: **Treasurer**

Telephone number of Authorized Officer: **308-468-6341**

Study Area Code of Reporting Carrier

371574

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTHEAST NEBRASKA					
Signature of Authorized Officer: Patrick McElroy				<small>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=northeast nebraska,lc=, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Patrick McElroy					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 402-632-4321					
Study Area Code of Reporting Carrier	371576		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PIERCE TEL CO					
Signature of Authorized Officer: Mary Bichlmeier				<small>Digitally signed by Mary Bichlmeier DN:cn=Mary Bichlmeier,email=maryb@piercetelephone.com,O=pierce tel co,l=Pierce NE 68767-0113, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Mary Bichlmeier					
Title or position of Authorized Officer: Company Accountant					
Telephone number of Authorized Officer: 402-329-6225					
Study Area Code of Reporting Carrier	371581		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PLAINVIEW TEL CO					
Signature of Authorized Officer: Eric Nye				<small>Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@uwyo.edu,O=plainview tel co,l=Plainview NE 68769-0117, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Eric Nye					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 402-582-4242					
Study Area Code of Reporting Carrier	371582		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ROCK COUNTY TEL CO**

Signature of Authorized Officer: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co, Date:5/25/2017

Date: **5/25/2017**

Printed name of Authorized Officer: **Joe Jetensky**

Title or position of Authorized Officer: **President/GM**

Telephone number of Authorized Officer: **402-426-6245**

Study Area Code of Reporting Carrier

371586

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Sodtown Telephone Company			
Signature of Authorized Officer <i>Michael Plautz</i>			Date May 20, 2017
Printed name of Authorized Officer Michael Plautz			
Title or position of Authorized Officer Secretary			
Telephone number of Authorized Officer: (308) 467-2310 ext.			
Study Area Code of Reporting Carrier	371590	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SE NEBRASKA COMM INC					
Signature of Authorized Officer: Ray Joy				Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc,lc=US, Date:5/19/2017	
Date: 5/19/2017					
Printed name of Authorized Officer: Ray Joy					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 402-245-4451					
Study Area Code of Reporting Carrier	371591		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **STANTON TELECOM INC.**

Signature of Authorized Officer: **Robert Paden**

Digitally signed by Robert Paden DN:cn=Robert Paden,email=rjpaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/30/2017

Date: **5/30/2017**

Printed name of Authorized Officer: **Robert Paden**

Title or position of Authorized Officer: **Vice President/General Manager**

Telephone number of Authorized Officer: **402-439-2264**

Study Area Code of Reporting Carrier

371592

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WAUNETA TEL CO**

Signature of Authorized Officer: **Linda McKain**

Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=wauneta tel co,l=Benkelman NE 69021, Date:5/19/2017

Date: **5/19/2017**

Printed name of Authorized Officer: **Linda McKain**

Title or position of Authorized Officer: **Accounting Manager**

Telephone number of Authorized Officer: **308-423-5607**

Study Area Code of Reporting Carrier	371597		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BENKELMAN TEL CO**

Signature of Authorized Officer: **Linda McKain**

Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=benkelman tel co,l=Benkelman NE 69021, Date:5/19/2017

Date: **5/19/2017**

Printed name of Authorized Officer: **Linda McKain**

Title or position of Authorized Officer: **Vice President**

Telephone number of Authorized Officer: **308-423-5607**

Study Area Code of Reporting Carrier

372455

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.

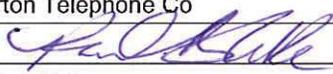
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTH DAKOTA TEL CO					
Signature of Authorized Officer: Shawna Senger				<small>Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota tel co,l=Devils Lake ND 58301, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Shawna Senger					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 701-662-6428					
Study Area Code of Reporting Carrier	381447		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Wolverton Telephone Co				
Signature of Authorized Officer 			Date 5/17/2017	
Printed name of Authorized Officer Karl Blake				
Title or position of Authorized Officer Executive Vice President				
Telephone number of Authorized Officer: (701) 284-7221 ext. _____				
Study Area Code of Reporting Carrier	381509		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ABSARAKA COOP TEL CO					
Signature of Authorized Officer: Ann Faught				Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co,l= , Date:5/17/2017	
Date: 5/17/2017					
Printed name of Authorized Officer: Ann Faught					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 701-896-3404					
Study Area Code of Reporting Carrier	381601		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>					

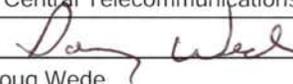
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier: BEK Communications Cooperative			
Signature of Authorized Officer: <i>Brett Stroh</i>			Date: 5/24/2017
Printed name of Authorized Officer: Brett Stroh			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (701) 475-2361 ext.			
Study Area Code of Reporting Carrier	381604	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Consolidated Telcom				
Signature of Authorized Officer <i>Bill Schaller</i>			Date 05/25/2017	
Printed name of Authorized Officer Bill Schaller				
Title or position of Authorized Officer Board President				
Telephone number of Authorized Officer: (761) 483-4000				
Study Area Code of Reporting Carrier	381607	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Dakota Central Telecommunications Cooperative/DCTI			
Signature of Authorized Officer: 			Date: May 25, 2017
Printed name of Authorized Officer: Doug Wede			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (701) 652-3184, ext.			
Study Area Code of Reporting Carrier	381610	Filing Due Date for this form (mm/dd/yyyy)	6-16-17
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.			

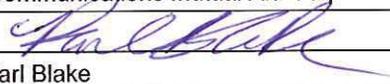
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DICKEY RURAL COOP					
Signature of Authorized Officer: Robert Johnson				<small>Digitally signed by Robert Johnson DN:cn=Robert Johnson,email=rjohnson@drtel.com,O=dickey rural coop,l=Ellendale ND 58436, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Robert Johnson					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 701-344-6010					
Study Area Code of Reporting Carrier	381611		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Polar Communications Mutual Aid Corp			
Signature of Authorized Officer 			Date 5/17/2017
Printed name of Authorized Officer Karl Blake			
Title or position of Authorized Officer General Manager/CEO			
Telephone number of Authorized Officer: (701) 284-7221 , ext.			
Study Area Code of Reporting Carrier	381614	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GRIGGS COUNTY TEL CO					
Signature of Authorized Officer: Tyler Kilde				<small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county tel co,l=Enderlin ND 58027-0066, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Tyler Kilde					
Title or position of Authorized Officer: VP/GM					
Telephone number of Authorized Officer: 701-437-3417					
Study Area Code of Reporting Carrier	381615		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: INTER-COMMUNITY TEL					
Signature of Authorized Officer: Mark Johnson				<small>Digitally signed by Mark Johnson DN:cn=Mark Johnson,email=mjohnson@ictc.com,O=inter-community tel, =Nome SD 58062, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Mark Johnson					
Title or position of Authorized Officer: GM/CEO/VP					
Telephone number of Authorized Officer: 701-924-8815					
Study Area Code of Reporting Carrier	381616		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MIDSTATE TEL CO**

Signature of Authorized Officer: **Ryan Wilhelmi**

Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate tel co,l=Stanley ND 58784-0400, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Ryan Wilhelmi**

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

Telephone number of Authorized Officer: **701-628-2522**

Study Area Code of Reporting Carrier

381617

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GRIGGS CTY (M&L)**

Signature of Authorized Officer: **Tyler Kilde**

Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs cty (m&l),l=Enderlin ND 58027-0066, Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Tyler Kilde**

Title or position of Authorized Officer: **VP/GM**

Telephone number of Authorized Officer: **701-437-3417**

Study Area Code of Reporting Carrier

381622

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.

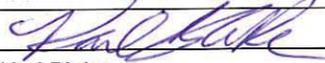
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTHWEST COMM COOP					
Signature of Authorized Officer: Todd Thompson				<small>Digitally signed by Todd Thompson DN:cn=Todd Thompson,email=toddt@nccray.com,O=northwest comm coop,i=Ray ND 58849-0038, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Todd Thompson					
Title or position of Authorized Officer: NCC CFO					
Telephone number of Authorized Officer: 701-568-8101					
Study Area Code of Reporting Carrier	381625		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Polar Communications Mutual Aid Corp			
Signature of Authorized Officer 			Date 5/17/2017
Printed name of Authorized Officer Karl Blake			
Title or position of Authorized Officer General Manager/CEO			
Telephone number of Authorized Officer: (701) 284-7221 , ext. _____			
Study Area Code of Reporting Carrier	381630	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **RED RIVER COMM.**

Signature of Authorized Officer: **Jeffrey Olson**

Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@redrivercomm.com,O=red river comm.,l=Abercrombie ND 58001, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer: **Jeffrey Olson**

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

Telephone number of Authorized Officer: **701-553-8309**

Study Area Code of Reporting Carrier	381631		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				RESERVATION TELEPHONE COOPERATIVE	
Signature of Authorized Officer			Date		
<i>Shane D Hart</i>			5/19/2017		
Printed name of Authorized Officer					
SHANE D HART					
Title or position of Authorized Officer					
CEO/GM					
Telephone number of Authorized Officer: (701) 862-5229 ext					
Study Area Code of Reporting Carrier		381632		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: UNITED TEL MUTUAL					
Signature of Authorized Officer: Perry Oster				<small>Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual,l=Langdon ND 58249-0729, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Perry Oster					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 701-256-5156					
Study Area Code of Reporting Carrier	381636		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: W. RIVER TELECOM.					
Signature of Authorized Officer: Troy Schilling				<small>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=w. river telecom.,l=Hazen ND 58545, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Troy Schilling					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 701-748-2211					
Study Area Code of Reporting Carrier	381637		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MIDSTATE COMM.**

Signature of Authorized Officer: **Ryan Wilhelmi**

Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate comm.,l=Stanley ND 58784-0400, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Ryan Wilhelmi**

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

Telephone number of Authorized Officer: **701-628-2522**

Study Area Code of Reporting Carrier

381638

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SRT COMMUNICATIONS					
Signature of Authorized Officer: Steve Lysne				<small>Digitally signed by Steve Lysne DN:cn=Steve Lysne,email=stevedl@srttel.com,O=srt communications,l=Minot ND 58702-2027, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Steve Lysne					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 701-858-5246					
Study Area Code of Reporting Carrier	383303		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALLIANCE-HILLS SD					
Signature of Authorized Officer: Kari Flanagan				<small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills sd,l=Garretson SD 57030, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	391405		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GOLDEN WEST-ARMOUR					
Signature of Authorized Officer: Dennis Law				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-armour,l=Wall SD 57790-0411, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Dennis Law					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 605-279-2161					
Study Area Code of Reporting Carrier	391640		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALLIANCE-BALTIC					
Signature of Authorized Officer: Kari Flanagan				<small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic, =G arretson SD 57030, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: Cheyenne River Sioux Tribe Telephone Authority				
Signature of Authorized Officer: <i>Terrance Veo</i>			Date: <i>05-24-17</i>	
Printed name of Authorized Officer: Terrance Veo				
Title or position of Authorized Officer: Board President				
Telephone number of Authorized Officer: (605) 964-2600 ext.				
Study Area Code of Reporting Carrier	391647	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BERESFORD MUNICIPAL					
Signature of Authorized Officer: Todd Hansen				<small>Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal, Date:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer: Todd Hansen					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 605-763-2500					
Study Area Code of Reporting Carrier	391649		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLARITY TELECOM					
Signature of Authorized Officer: Keith Davidson				<small>Digitally signed by Keith Davidson DN:cn=Keith Davidson,email=Keith.Davidson@vastbroadband.com,O=clarity telecom, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Keith Davidson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 573-481-2265					
Study Area Code of Reporting Carrier	391652		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CITY OF FAITH MUNIC					
Signature of Authorized Officer: Debbie Brown				<small>Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith munic,l=Faith SD 57626-0368, Date:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer: Debbie Brown					
Title or position of Authorized Officer: Finance Officer					
Telephone number of Authorized Officer: 605-967-2261					
Study Area Code of Reporting Carrier	391653		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: INTERSTATE TELECOMM.					
Signature of Authorized Officer: Tracy Bandemer				<small>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecom.,l=Clear Lake SD 57226-0920, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Tracy Bandemer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-874-2181					
Study Area Code of Reporting Carrier	391654		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALLIANCE-SPLITROCK					
Signature of Authorized Officer: Kari Flanagan				Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock,I=Garretson SD 57030, Date:5/23/2017	
Date: 5/23/2017					
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	391657		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GOLDEN WEST TELECOM					
Signature of Authorized Officer: Dennis Law				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom,l=Wall SD 57790-0411, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Dennis Law					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 605-279-2161					
Study Area Code of Reporting Carrier	391659		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FT RANDALL-MT RUSHMR					
Signature of Authorized Officer: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr,l= , Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	391660		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **JAMES VALLEY COOP**

Signature of Authorized Officer: **James Groft**

Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley coop,l= , Date:5/22/2017

Date: **5/22/2017**

Printed name of Authorized Officer: **James Groft**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **605-397-2323**

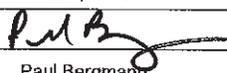
Study Area Code of Reporting Carrier	391664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Jefferson Telephone	
Signature of Authorized Officer			Date		
			5/30/2017		
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		391666		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GOLDEN WEST-KADOKA**

Signature of Authorized Officer: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-kadoka,|=Wall SD 57790-0411, Date:5/18/2017

Date: **5/18/2017**

Printed name of Authorized Officer: **Dennis Law**

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

Telephone number of Authorized Officer: **605-279-2161**

Study Area Code of Reporting Carrier	391667		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KENNEBEC TEL CO					
Signature of Authorized Officer: Rod Bowar				<small>Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec tel co,l=Kennebec SD 57544, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Rod Bowar					
Title or position of Authorized Officer: President/Manager					
Telephone number of Authorized Officer: 605-869-2220					
Study Area Code of Reporting Carrier	391668		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRIOTEL COMM-MCCOOK					
Signature of Authorized Officer: Bryan Roth				<small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm-mccook,l=Salem SD 57058-0630, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Bryan Roth					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 605-425-2238					
Study Area Code of Reporting Carrier	391669		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDSTATE COMM., INC.					
Signature of Authorized Officer: Mark Benton				<small>Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate comm.,inc.,=Kimball SD 57355, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Mark Benton					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 605-778-6221					
Study Area Code of Reporting Carrier	391670		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WEST RIVER(MOBRIDGE)					
Signature of Authorized Officer: Troy Schilling				Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river(mobridge),l=Hazen ND 58545, Date:5/25/2017	
Date: 5/25/2017					
Printed name of Authorized Officer: Troy Schilling					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 701-748-2211					
Study Area Code of Reporting Carrier	391671		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RC TECHNOLOGIES					
Signature of Authorized Officer: Scott Bostrom				<small>Digitally signed by Scott Bostrom DN:cn=Scott Bostrom,email=sbostrom@tnics.com,O=rc technologies,l=New Effington SD 57255-0197, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Scott Bostrom					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 605-637-5211					
Study Area Code of Reporting Carrier	391674		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SANTEL COMM. COOP.**

Signature of Authorized Officer: **Ryan Thompson**

Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.coop,O=santel comm. coop.,l=Woonsocket SD 57385-0067, Date:5/25/2017

Date: **5/25/2017**

Printed name of Authorized Officer: **Ryan Thompson**

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

Telephone number of Authorized Officer: **605-796-8143**

Study Area Code of Reporting Carrier

391676

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GOLDEN WEST-SIOUX VY					
Signature of Authorized Officer: Dennis Law				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-sioux vy,l=Wall SD 57790-0411, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Dennis Law					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 605-279-2161					
Study Area Code of Reporting Carrier	391677		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **INTERSTATE-SST**

Signature of Authorized Officer: **Tracy Bandemer**

Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate-sst,l=Clear Lake SD 57226-0920, Date:5/19/2017

Date: **5/19/2017**

Printed name of Authorized Officer: **Tracy Bandemer**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **605-874-2181**

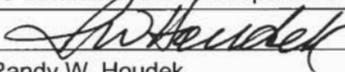
Study Area Code of Reporting Carrier	391679		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Venture Communications Cooperative	
Signature of Authorized Officer		Date	5/23/2017
Printed name of Authorized Officer		Randy W. Houdek	
Title or position of Authorized Officer		General Manager / CEO	
Telephone number of Authorized Officer: (605) 852-2224 ext.			
Study Area Code of Reporting Carrier	391680	Filing Due Date for this form (mm/dd/yyyy)	6/16/17

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRIOTEL COMM(TRI-C)					
Signature of Authorized Officer: Bryan Roth				<small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm(tri-c),l=Salem SD 57058-0630, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Bryan Roth					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 605-425-2238					
Study Area Code of Reporting Carrier	391682		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GOLDEN WEST-UNION					
Signature of Authorized Officer: Dennis Law				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-union,l=Wall SD 57790-0411, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Dennis Law					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 605-279-2161					
Study Area Code of Reporting Carrier	391684		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.					

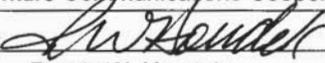
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VALLEY TELECOMM.					
Signature of Authorized Officer: Jeff Symens				<small>Digitally signed by Jeff Symens DN:cn=Jeff Symens,email=jsymens@valleytel.net,O=valley telecomm.,l=Herreid SD 57632-0007, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Jeff Symens					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 605-437-2615					
Study Area Code of Reporting Carrier	391685		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GOLDEN WEST-VIVIAN					
Signature of Authorized Officer: Dennis Law				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-vivian, =Wall SD 57790-0411, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Dennis Law					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 605-279-2161					
Study Area Code of Reporting Carrier	391686		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	Venture Communications Cooperative (Western)		
Signature of Authorized Officer		Date	5/23/2017
Printed name of Authorized Officer	Randy W. Houdek		
Title or position of Authorized Officer	General Manager / CEO		
Telephone number of Authorized Officer:	(605) 852-2224 ext.		
Study Area Code of Reporting Carrier	391688	Filing Due Date for this form (mm/dd/yyyy)	6/16/17
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WEST RIVER COOP					
Signature of Authorized Officer: Colle Nash				<small>Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river coop,l=Bison SD 57620, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Colle Nash					
Title or position of Authorized Officer: Interim Co-Manager					
Telephone number of Authorized Officer: 605-244-5213					
Study Area Code of Reporting Carrier	391689		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ARKANSAS TEL CO					
Signature of Authorized Officer: Randy McCaslin				<small>Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas tel co,l=Clinton AR 72031, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Randy McCaslin					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 501-745-2114					
Study Area Code of Reporting Carrier	401692		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.					

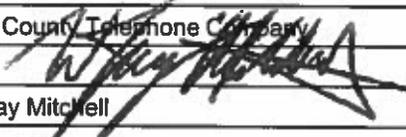
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CENTRAL ARKANSAS TEL					
Signature of Authorized Officer: Shirley Kinnaird				<small>Digitally signed by Shirley Kinnaird DN:cn=Shirley Kinnaird,email=shirley@catc.net,O=central arkansas tel,l=Bismarck AR 71929-0130, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Shirley Kinnaird					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 501-865-3212					
Study Area Code of Reporting Carrier	401697		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Cleveland County Telephone Company			
Signature of Authorized Officer 			Date 5/30/2017
Printed name of Authorized Officer W. Jay Mitchell			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (417) 776-2247 ext.			
Study Area Code of Reporting Carrier	401698	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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Decatur Telephone Company	
Signature of Authorized Officer		Date 5/30/2017	
Printed name of Authorized Officer		W. Jay Mitchell	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer:		(417) 776-2247, ext.	
Study Area Code of Reporting Carrier	401699	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SOUTH ARKANSAS TEL					
Signature of Authorized Officer: Greg Ashcraft				<small>Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel,l=Sheridan AR 72150, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Greg Ashcraft					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 870-942-4344					
Study Area Code of Reporting Carrier	401702		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LAVACA TEL CO-AR**

Signature of Authorized Officer: **Keith Gibson**

Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ar,l=Lavaca AR 72941-0230, Date:5/24/2017

Date: **5/24/2017**

Printed name of Authorized Officer: **Keith Gibson**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **479-674-2211**

Study Area Code of Reporting Carrier

401704

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MADISON COUNTY TEL**

Signature of Authorized Officer: **Tom Shrum**

Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel,l=Huntsville AR 72740, Date:5/18/2017

Date: **5/18/2017**

Printed name of Authorized Officer: **Tom Shrum**

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

Telephone number of Authorized Officer: **479-738-2121**

Study Area Code of Reporting Carrier	401709		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MAGAZINE TEL CO					
Signature of Authorized Officer: Kathy Stone				<small>Digitally signed by Kathy Stone DN:cn=Kathy Stone,email=magtel@magtel.com,O=magazine tel co,l=Magazine AR 72943, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Kathy Stone					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 479-969-2211					
Study Area Code of Reporting Carrier	401710		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MOUNTAIN VIEW TEL CO**

Signature of Authorized Officer: **Anne Schuhknecht**

Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=mountain view tel co,l=Mountain Home AR 72654-1970, Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Anne Schuhknecht**

Title or position of Authorized Officer: **Secretary-Treasurer**

Telephone number of Authorized Officer: **870-425-3100**

Study Area Code of Reporting Carrier	401712		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTH ARKANSAS TEL					
Signature of Authorized Officer: Steven Sanders, Jr.				<small>Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=north arkansas tel,=Flippin AR 72634-0209, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Steven Sanders, Jr.					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 870-453-9273					
Study Area Code of Reporting Carrier	401713		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PRAIRIE GROVE TEL CO					
Signature of Authorized Officer: Rick Reed				Digitally signed by Rick Reed DN:cn=Rick Reed,email=treed@pgtc.com,O=prairie grove tel co,l=Prairie Grove AR 72753-1010, Date:5/25/2017	
Date: 5/25/2017					
Printed name of Authorized Officer: Rick Reed					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 479-846-7200					
Study Area Code of Reporting Carrier	401718		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Rice Belt Telephone Company Inc.

Signature of Authorized Officer *Darby A. McCarty*

Date 5-16-17

Printed name of Authorized Officer Darby A. McCarty

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (812) 876-2211, ext.

Study Area Code of Reporting Carrier	401721	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **E RITTER TEL CO**

Signature of Authorized Officer: **John Strode**

Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=e ritter tel co,l=Jonesboro AR 72403, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **John Strode**

Title or position of Authorized Officer: **Vice President**

Telephone number of Authorized Officer: **870-336-2345**

Study Area Code of Reporting Carrier

401722

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SW ARKANSAS TEL COOP					
Signature of Authorized Officer: Tina Moore				<small>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=sw arkansas tel coop,l= , Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Tina Moore					
Title or position of Authorized Officer: Accountant					
Telephone number of Authorized Officer: 870-653-8222					
Study Area Code of Reporting Carrier	401724		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WALNUT HILL TEL CO					
Signature of Authorized Officer: Amanda Molina				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=walnut hill tel co, = , Date:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	401729		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: YELCOT TEL CO INC					
Signature of Authorized Officer: Anne Schuhknecht				<small>Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=yelcot tel co inc,/=Mountain Home AR 72654-1970, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Anne Schuhknecht					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 870-425-3100					
Study Area Code of Reporting Carrier	401733		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SCOTT COUNTY TEL CO**

Signature of Authorized Officer: **Karen Gilliam**

Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county tel co,l=Avilla MO 64833, Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Karen Gilliam**

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

Telephone number of Authorized Officer: **479-923-4200**

Study Area Code of Reporting Carrier

403031

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BLUE VALLEY TELE-COM					
Signature of Authorized Officer: Candace Wright				<small>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-com,/= , Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Candace Wright					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 785-799-3657					
Study Area Code of Reporting Carrier	411746		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COUNCIL GROVE TEL CO					
Signature of Authorized Officer: Dale Jones				<small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel co,l=Council Grove KS 66846-0299, Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer: Dale Jones					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 620-767-5153					
Study Area Code of Reporting Carrier	411758		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CUNNINGHAM TEL CO**

Signature of Authorized Officer: **Brent Cunningham**

Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham tel co,/=Glen Elder KS 67446-0108, Date:5/21/2017

Date: **5/21/2017**

Printed name of Authorized Officer: **Brent Cunningham**

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

Telephone number of Authorized Officer: **785-545-3215**

Study Area Code of Reporting Carrier	411761		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier Elkhart Telephone Co., Inc.			
Signature of Authorized Officer <i>Trenton D. Boaldin</i>		Date 5/16/2017	
Printed name of Authorized Officer Trenton D. Boaldin			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (620) 697-2111 , ext.			
Study Area Code of Reporting Carrier	411764	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GOLDEN BELT TEL ASSN					
Signature of Authorized Officer: Beau Rebel				<small>Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbtlive.com,O=golden belt tel assn,l=Rush Center KS 67575, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Beau Rebel					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 785-372-4236					
Study Area Code of Reporting Carrier	411777		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GORHAM TEL CO					
Signature of Authorized Officer: Tonya Murphy				<small>Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,l=Gorham KS 67640-0235, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Tonya Murphy					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 785-637-5300					
Study Area Code of Reporting Carrier	411778		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **HAVILAND TEL CO**

Signature of Authorized Officer: **Mark Wade**

Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland tel co,l=Haviland KS 67059, Date:5/18/2017

Date: **5/18/2017**

Printed name of Authorized Officer: **Mark Wade**

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

Telephone number of Authorized Officer: **620-862-5211**

Study Area Code of Reporting Carrier	411780		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: H & B COMMUNICATIONS					
Signature of Authorized Officer: Robert Koch				<small>Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,l=Holyrood KS 67450, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Robert Koch					
Title or position of Authorized Officer: President and General Manager					
Telephone number of Authorized Officer: 785-252-4000					
Study Area Code of Reporting Carrier	411781		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HOME TEL CO					
Signature of Authorized Officer: Tina Anderson				<small>Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home tel co,l=Galva KS 67443, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Tina Anderson					
Title or position of Authorized Officer: Customer Acct & Billing Mgr/Secretary					
Telephone number of Authorized Officer: 620-654-3381					
Study Area Code of Reporting Carrier	411782		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier J.B.N. Telephone Company, Inc.			
Signature of Authorized Officer <i>Mark A Wade</i>			Date 05/23/2017
Printed name of Authorized Officer Mark A Wade			
Title or position of Authorized Officer Vice-President of Operations			
Telephone number of Authorized Officer: (620) 862-5211 , ext.			
Study Area Code of Reporting Carrier	411785	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2017
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KANOKLA TEL ASSN-KS					
Signature of Authorized Officer: Jill Kuehny				<small>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla tel assn-ks, =Caldwell KS 67022-0111, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Jill Kuehny					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 620-845-5682					
Study Area Code of Reporting Carrier	411788		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MADISON TEL., LLC**

Signature of Authorized Officer: **Shana Rains**

Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison tel.,llc,=Madison KS 66860, Date:5/18/2017

Date: **5/18/2017**

Printed name of Authorized Officer: **Shana Rains**

Title or position of Authorized Officer: **Accountant**

Telephone number of Authorized Officer: **620-437-2356**

Study Area Code of Reporting Carrier	411801		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MOKAN DIAL INC-KS					
Signature of Authorized Officer: Amanda Molina				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-ks, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	411807		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MUTUAL TEL CO					
Signature of Authorized Officer: John Tietjens				<small>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mual tel co,l=Little River KS 67457, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: John Tietjens					
Title or position of Authorized Officer: President & General Manager					
Telephone number of Authorized Officer: 620-897-6200					
Study Area Code of Reporting Carrier	411809		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PEOPLES TELECOM LLC					
Signature of Authorized Officer: Kathy Billinger				<small>Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecom llc, =LaCygne KS 66040, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Kathy Billinger					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 913-757-2500					
Study Area Code of Reporting Carrier	411814		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CRAW-KAN TEL COOP					
Signature of Authorized Officer: Craig Wilbert				<small>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop,l=Girard KS 66743-0100, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Craig Wilbert					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-724-8235					
Study Area Code of Reporting Carrier	411818		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RAINBOW TELECOM					
Signature of Authorized Officer: Kathy Ruoff				<small>Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecom,l=Everest KS 66424, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Kathy Ruoff					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 785-548-7511					
Study Area Code of Reporting Carrier	411820		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: S & T TEL COOP ASSN					
Signature of Authorized Officer: Christina Hickert				<small>Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s & t tel coop assn,l=Brewster KS 67732, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Christina Hickert					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 256-694-2256					
Study Area Code of Reporting Carrier	411827		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: S & A TEL CO INC					
Signature of Authorized Officer: Janet Bathurst				<small>Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s & a tel co inc,l=Allen KS 66833-0068, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Janet Bathurst					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-528-3223					
Study Area Code of Reporting Carrier	411829		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: S. CENTRAL TEL - KS					
Signature of Authorized Officer: Kelly Johnson				<small>Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@sctelcom.com,O=s. central tel - ks,l= , Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Kelly Johnson					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 620-930-1020					
Study Area Code of Reporting Carrier	411831		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SOUTHERN KANSAS TEL					
Signature of Authorized Officer: William McVey				<small>Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel,l=Clearwater KS 67026-0800, Date:5/20/2017</small> Date: 5/20/2017	
Printed name of Authorized Officer: William McVey					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 620-584-8337					
Study Area Code of Reporting Carrier	411833		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SUNFLOWER TEL CO					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=sunflower tel co,l= , Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	411835		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRI-COUNTY TEL ASSN					
Signature of Authorized Officer: Dale Jones				<small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel assn,l=Council Grove KS 66846-0299, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Dale Jones					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 620-767-5153					
Study Area Code of Reporting Carrier	411839		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TWIN VALLEY TEL INC					
Signature of Authorized Officer: Scott Leitzel				<small>Digitally signed by Scott Leitzel DN:cn=Scott Leitzel,email=scott.leitzel@tvinc.net,O=twin valley tel inc,l=Miltonvale KS 67466, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Scott Leitzel					
Title or position of Authorized Officer: Vice President-Operations					
Telephone number of Authorized Officer: 785-427-9504					
Study Area Code of Reporting Carrier	411840		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: UNITED TEL ASSN					
Signature of Authorized Officer: Jennifer Pachner				<small>Digitally signed by Jennifer Pachner DN:cn=Jennifer Pachner,email=jenniferp@unitedtelcom.net,O=united tel assn,l=Dodge City KS 67801-0117, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Jennifer Pachner					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 620-227-8641					
Study Area Code of Reporting Carrier	411841		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WHEAT STATE TEL, INC**

Signature of Authorized Officer: **Arturo Macias**

Digitally signed by Arturo Macias DN:cn=Arturo Macias,email=agmacias@wheatstate.com,O=wheat state tel, inc,/=Udall KS 67146, Date:5/25/2017

Date: **5/25/2017**

Printed name of Authorized Officer: **Arturo Macias**

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

Telephone number of Authorized Officer: **620-782-3341**

Study Area Code of Reporting Carrier

411847

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WILSON TEL CO INC					
Signature of Authorized Officer: Brian Boisvert				<small>Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,l=Wilson KS 67490-0190, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Brian Boisvert					
Title or position of Authorized Officer: CEO /General Manager					
Telephone number of Authorized Officer: 785-658-2111					
Study Area Code of Reporting Carrier	411849		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

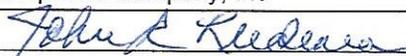
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Zenda Telephone Company, Inc**

Signature of Authorized Officer



Date **05-17-2017**

Printed name of Authorized Officer **John R Ludenia**

Title or position of Authorized Officer **Vice President**

Telephone number of Authorized Officer: **(304) 983-8642**, ext.

Study Area Code of Reporting Carrier

411852

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BPS Tel. Co.**

Signature of Authorized Officer: **Lisa Winberry**

Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps tel. co.,l=Bernie MO 63822-0550, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Lisa Winberry**

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

Telephone number of Authorized Officer: **573-293-2277**

Study Area Code of Reporting Carrier	420463		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier IAMO Telephone Company-MO			
Signature of Authorized Officer <i>Merlin Swanson</i>	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 ext.			
Study Area Code of Reporting Carrier	421206	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FAIRPOINT MISSOURI					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=fairpoint missouri,= , Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	421472		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CRAW-KAN TEL COOP-MO					
Signature of Authorized Officer: Craig Wilbert				<small>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop-mo,l=Girard KS 66743-0100, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Craig Wilbert					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-724-8235					
Study Area Code of Reporting Carrier	421759		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MOKAN DIAL INC-MO					
Signature of Authorized Officer: Amanda Molina				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-mo,l= , Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	421807		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALMA COMM. CO.**

Signature of Authorized Officer: **Adolf Heins**

Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma comm. co.,l=Alma MO 64001, Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Adolf Heins**

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

Telephone number of Authorized Officer: **660-674-2297**

Study Area Code of Reporting Carrier

421860

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHARITON VALLEY TEL					
Signature of Authorized Officer: Kirby Underberg				<small>Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@charitonvalley.com,O=chariton valley tel,l=Macon MO 63552, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Kirby Underberg					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 660-395-9000					
Study Area Code of Reporting Carrier	421864		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CITIZENS TEL CO - MO					
Signature of Authorized Officer: Brian Cornelius				<small>Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens tel co - mo,l=Higginsville MO 64037-0737, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Brian Cornelius					
Title or position of Authorized Officer: President & General Manager					
Telephone number of Authorized Officer: 660-584-6520					
Study Area Code of Reporting Carrier	421865		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ELLINGTON TEL CO					
Signature of Authorized Officer: Dee McCormack				<small>Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington tel co,l=Ellington MO 63638, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Dee McCormack					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 573-663-2000					
Study Area Code of Reporting Carrier	421874		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARBER TEL CO					
Signature of Authorized Officer: Charles Crow				<small>Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=farber tel co,l= , Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Charles Crow					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 573-249-9800					
Study Area Code of Reporting Carrier	421876		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FIDELITY TEL CO					
Signature of Authorized Officer: Carla Cooper				<small>Digitally signed by Carla Cooper DN:cn=Carla Cooper,email=carla.cooper@fidelitycommunications.com,O=fidelity tel co, = , Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Carla Cooper					
Title or position of Authorized Officer: VP of Finance					
Telephone number of Authorized Officer: 573-468-1218					
Study Area Code of Reporting Carrier	421882		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GRANBY TEL CO - MO					
Signature of Authorized Officer: Cheri Johnson				<small>Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - mo,l=Granby MO 64844, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Cheri Johnson					
Title or position of Authorized Officer: Corporate Secretary					
Telephone number of Authorized Officer: 417-472-5513					
Study Area Code of Reporting Carrier	421887		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GREEN HILLS TEL CORP					
Signature of Authorized Officer: David Adams				<small>Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghtc.com,O=green hills tel corp,l=Breckenridge MO 64625, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: David Adams					
Title or position of Authorized Officer: EVP/GM					
Telephone number of Authorized Officer: 660-644-5411					
Study Area Code of Reporting Carrier	421890		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHOCTAW TELEPHONE CO					
Signature of Authorized Officer: Amanda Molina				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=choctaw telephone co,l= , Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	421893		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KLM TEL CO					
Signature of Authorized Officer: Joe Jetensky				<small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm tel co,l= , Date:5/25/2017</small> Date: 5/25/2017	
Printed name of Authorized Officer: Joe Jetensky					
Title or position of Authorized Officer: President/GM					
Telephone number of Authorized Officer: 402-426-6245					
Study Area Code of Reporting Carrier	421900		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KINGDOM TELEPHONE CO					
Signature of Authorized Officer: Marla McCowan				Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone co,l=Auxvasse MO 65231, Date:5/24/2017	
Date: 5/24/2017					
Printed name of Authorized Officer: Marla McCowan					
Title or position of Authorized Officer: Assistant Board Secretary					
Telephone number of Authorized Officer: 573-386-2241					
Study Area Code of Reporting Carrier	421901		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LE-RU TELEPHONE CO					
Signature of Authorized Officer: Robert Hart				<small>Digitally signed by Robert Hart DN:cn=Robert Hart,email=hartb@leru.net,O=le-ru telephone co,l=Stella MO 64867-0147, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Robert Hart					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 417-628-3844					
Study Area Code of Reporting Carrier	421908		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MCDONALD COUNTY TEL					
Signature of Authorized Officer: Ross Babbitt				Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county tel,l=Pineville MO 64856-0207, Date:5/23/2017	
Date: 5/23/2017					
Printed name of Authorized Officer: Ross Babbitt					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 417-223-4313					
Study Area Code of Reporting Carrier	421912		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Miller Telephone Company			
Signature of Authorized Officer	<i>John R Ludenia</i>	Date	5/18/2017
Printed name of Authorized Officer John R Ludenia			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (304) 983-8642 ext.			
Study Area Code of Reporting Carrier	421920	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NEW FLORENCE TEL CO					
Signature of Authorized Officer: Garrin Bott				<small>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=new florence tel co,l=Rockland ID 83271, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Garrin Bott					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	421927		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NEW LONDON TEL CO					
Signature of Authorized Officer: Garrin Bott				<small>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=new london tel co,l=Rockland ID 83271, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Garrin Bott					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	421928		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HOLWAY TEL CO					
Signature of Authorized Officer: Joe Jetensky				<small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway tel co,l= , Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Joe Jetensky					
Title or position of Authorized Officer: President/GM					
Telephone number of Authorized Officer: 402-426-6245					
Study Area Code of Reporting Carrier	421929		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NE MISSOURI RURAL					
Signature of Authorized Officer: James Sherburne				<small>Digitally signed by James Sherburne DN:cn=James Sherburne,email=jims@nemr.net,O=ne missouri rural,l=Green City MO 63545-0098, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: James Sherburne					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 660-874-4111					
Study Area Code of Reporting Carrier	421931		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Lathrop Telephone Company

Signature of Authorized Officer

Gregg Davis

Date

5-16-17

Printed name of Authorized Officer: Gregg Davis

Title or position of Authorized Officer: President, Board of Directors

Telephone number of Authorized Officer: (660) 748-3231, ext.

Study Area Code of Reporting Carrier

421932

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ORCHARD FARM TEL CO					
Signature of Authorized Officer: Garrin Bott				<small>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=orchard farm tel co,l=Rockland ID 83271, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Garrin Bott					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	421934		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OREGON FARMERS MUT					
Signature of Authorized Officer: Wendy Ottman				<small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mut,l=Oregon MO 64473, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Wendy Ottman					
Title or position of Authorized Officer: Assistant General Manager					
Telephone number of Authorized Officer: 660-446-3391					
Study Area Code of Reporting Carrier	421935		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.					

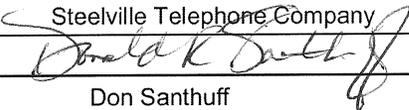
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PEACE VALLEY TEL CO					
Signature of Authorized Officer: Kelly Bosserman				<small>Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley tel co,l=Peace Valley MO 65788-0009, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Kelly Bosserman					
Title or position of Authorized Officer: V.P. Regulatory Affairs					
Telephone number of Authorized Officer: 417-277-5550					
Study Area Code of Reporting Carrier	421936		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ROCK PORT TEL CO					
Signature of Authorized Officer: Rick Bradley				<small>Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel co,l=Rock Port MO 64482-0147, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Rick Bradley					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 660-744-5311					
Study Area Code of Reporting Carrier	421942		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Steelville Telephone Company			
Signature of Authorized Officer 			Date 05/18/2017
Printed name of Authorized Officer Don Santhuff			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (573) 775-2111 ext.			
Study Area Code of Reporting Carrier	421949	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2017
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: STOUTLAND TEL CO					
Signature of Authorized Officer: Garrin Bott				<small>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=stoutland tel co,l=Rockland ID 83271, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Garrin Bott					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	421951		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LAVACA TEL CO-OK					
Signature of Authorized Officer: Keith Gibson				<small>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ok,l=Lavaca AR 72941-0230, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Keith Gibson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 479-674-2211					
Study Area Code of Reporting Carrier	431704		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **KANOKLA TEL ASSN-OK**

Signature of Authorized Officer: **Jill Kuehny**

Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla tel assn-ok,|=Caldwell KS 67022-0111, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Jill Kuehny**

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

Telephone number of Authorized Officer: **620-845-5682**

Study Area Code of Reporting Carrier	431788		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: S. CENTRAL TEL - OK					
Signature of Authorized Officer: Kelly Johnson				<small>Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@sctelcom.com,O=s. central tel - ok,l= , Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Kelly Johnson					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 620-930-1020					
Study Area Code of Reporting Carrier	431831		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ATLAS TEL CO					
Signature of Authorized Officer: Barbara Summa				<small>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas tel co,l=Big Cabin OK 74332-0077, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Barbara Summa					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 918-783-5111					
Study Area Code of Reporting Carrier	431966		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BEGGS TEL CO					
Signature of Authorized Officer: Kay Mount				<small>Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs tel co,l=Beggs OK 74421-0749, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Kay Mount					
Title or position of Authorized Officer: Pres. & General Manager					
Telephone number of Authorized Officer: 918-267-3636					
Study Area Code of Reporting Carrier	431968		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CANADIAN VALLEY TEL					
Signature of Authorized Officer: Orlean Smith				<small>Digitally signed by Orlean Smith DN:cn=Orlean Smith,email=murphy@cvok.net,O=canadian valley tel,l=Crowder OK 74430, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Orlean Smith					
Title or position of Authorized Officer: President / Gen Manager					
Telephone number of Authorized Officer: 918-334-3700					
Study Area Code of Reporting Carrier	431974		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CARNEGIE TEL CO INC					
Signature of Authorized Officer: Gary Woodruff				<small>Digitally signed by Gary Woodruff DN:cn=Gary Woodruff,email=gwoodrff@carnegienet.net,O=carnegie tel co inc,l=Carnegie OK 73015, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Gary Woodruff					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 580-654-1002					
Study Area Code of Reporting Carrier	431976		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CENTRAL OKLAHOMA TEL					
Signature of Authorized Officer: Steve Guest				<small>Digitally signed by Steve Guest DN:cn=Steve Guest,email=steve377@cotc.net,O=central oklahoma tel,l=Davenport OK 74026-0789, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Steve Guest					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 918-377-2241					
Study Area Code of Reporting Carrier	431977		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHEROKEE TEL CO					
Signature of Authorized Officer: Samuel Sanchez				<small>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee tel co,l= , Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Samuel Sanchez					
Title or position of Authorized Officer: Vice President Operations					
Telephone number of Authorized Officer: 580-434-5375					
Study Area Code of Reporting Carrier	431979		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHICKASAW TEL CO					
Signature of Authorized Officer: Larry Jones				<small>Digitally signed by Larry Jones DN:cn=Larry Jones,email=larry@chickasawphone.net,O=chickasaw tel co,l=Sulphur OK 73086-0460, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Larry Jones					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 580-622-5223					
Study Area Code of Reporting Carrier	431980		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHOUTEAU TEL CO					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=chouteau tel co,l= , Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	431981		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Cimarron Telephone Company				
Signature of Authorized Officer <i>Gene Baldwin</i>				Date 05/18/2017
Printed name of Authorized Officer Gene Baldwin				
Title or position of Authorized Officer Executive Vice President				
Telephone number of Authorized Officer: (918) 865-3311 , ext.				
Study Area Code of Reporting Carrier	431982	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GRAND TEL CO INC					
Signature of Authorized Officer: Jason Anderson				<small>Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand tel co inc,l=Jay OK 74346-0308, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Jason Anderson					
Title or position of Authorized Officer: Controller/Co-Manager/2nd Vice President					
Telephone number of Authorized Officer: 918-253-4231					
Study Area Code of Reporting Carrier	431994		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HINTON TEL CO					
Signature of Authorized Officer: Kenneth Doughty				<small>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton tel co,l=Hinton OK 73047, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Kenneth Doughty					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 405-542-3262					
Study Area Code of Reporting Carrier	431995		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MEDICINE PARK TEL CO					
Signature of Authorized Officer: Dean Pennello				<small>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=medicine park tel co,l=Medicine Park OK 73557, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Dean Pennello					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 580-529-2700					
Study Area Code of Reporting Carrier	432008		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OKLATEL COMM.					
Signature of Authorized Officer: Toney Prather				<small>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totalcom.net,O=oklatel comm.,l=De Leon TX 76444, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Toney Prather					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 254-893-1000					
Study Area Code of Reporting Carrier	432013		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OKLAHOMA WESTERN TEL					
Signature of Authorized Officer: Dean Pennello				<small>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=oklahoma western tel,= , Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Dean Pennello					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 580-529-5000					
Study Area Code of Reporting Carrier	432014		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

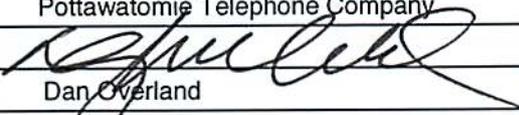
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PIONEER TEL COOP INC					
Signature of Authorized Officer: Richard Ruhl				<small>Digitally signed by Richard Ruhl DN:cn=Richard Ruhl,email=raruhi@ptci.com,O=pioneer tel coop inc,l=Kingfisher OK 73750-0539, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Richard Ruhl					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 405-375-0191					
Study Area Code of Reporting Carrier	432018		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Pottawatomie Telephone Company		
Signature of Authorized Officer			Date 05/ /2017
Printed name of Authorized Officer	Dan Overland		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer:	(405) 997-5201 ext.		
Study Area Code of Reporting Carrier	432020	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SALINA-SPAVINAW TEL					
Signature of Authorized Officer: Scott Boone				<small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Scott Boone					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 918-496-8166					
Study Area Code of Reporting Carrier	432022		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SHIDLER TEL CO					
Signature of Authorized Officer: Lisa Patton				<small>Digitally signed by Lisa Patton DN:cn=Lisa Patton,email=lisa@stinternet.net,O=shidler tel co,l=Shidler OK 74652, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Lisa Patton					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 918-793-2211					
Study Area Code of Reporting Carrier	432023		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SW OKLAHOMA TEL CO					
Signature of Authorized Officer: George Wycoff				<small>Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@swoi.net,O=sw oklahoma tel co,l=Duke OK 73532, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: George Wycoff					
Title or position of Authorized Officer: Exec. Vice President/General Manager					
Telephone number of Authorized Officer: 580-679-3345					
Study Area Code of Reporting Carrier	432025		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TERRAL TEL CO					
Signature of Authorized Officer: Dick Segress				<small>Digitally signed by Dick Segress DN:cn=Dick Segress,email=dick@ttslinx.com,O=terral tel co, Inc., Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Dick Segress					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 405-602-2408					
Study Area Code of Reporting Carrier	432029		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

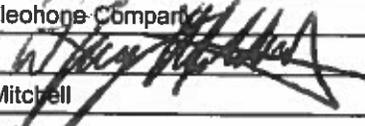
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VALLIANT TEL CO					
Signature of Authorized Officer: Tommy Dorries				<small>Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant tel co,l=Valliant OK 74764, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Tommy Dorries					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 580-933-4400					
Study Area Code of Reporting Carrier	432032		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Wyandotte Telephone Company		
Signature of Authorized Officer						
					Date	5/30/2017
Printed name of Authorized Officer		W. Jay Mitchell				
Title or position of Authorized Officer		President				
Telephone number of Authorized Officer: (417) 776-2247 ext.						
Study Area Code of Reporting Carrier		432034	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SANTA ROSA TEL COOP					
Signature of Authorized Officer: Jason Tole				<small>Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer: Jason Tole					
Title or position of Authorized Officer: Assistant GM / CFO					
Telephone number of Authorized Officer: 940-886-2014					
Study Area Code of Reporting Carrier	432141		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CAMERON TEL CO TEXAS					
Signature of Authorized Officer: Bruce Petry				<small>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co texas,l=Sulphur LA 70664-0167, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Bruce Petry					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 337-583-2092					
Study Area Code of Reporting Carrier	440425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BLOSSOM TEL CO					
Signature of Authorized Officer: C. Dorries				<small>Digitally signed by C. Dorries DN:cn=C. Dorries,email=Clint@blossomtel.net,O=blossom tel co,l=Blossom TX 75416-0008, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: C. Dorries					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 903-982-5200					
Study Area Code of Reporting Carrier	442038		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier					Big Bend Telephone						
Signature of Authorized Officer				Lauren Sanders				Date			
Printed name of Authorized Officer					Lauren Sanders						
Title or position of Authorized Officer					VP Commercial						
Telephone number of Authorized Officer:					432.368.0054						
Study Area Code of Reporting Carrier			442039		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BRAZORIA TEL CO					
Signature of Authorized Officer: Gil Rasco				<small>Digitally signed by Gil Rasco DN:cn=Gil Rasco,email=gil@btel.com,O=brazoria tel co,l=Brazoria TX 77422, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Gil Rasco					
Title or position of Authorized Officer: Vice President, Operations					
Telephone number of Authorized Officer: 979-798-2121					
Study Area Code of Reporting Carrier	442040		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NORTH TEXAS TEL. CO.**

Signature of Authorized Officer: **Toney Prather**

Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=north texas tel. co.,l=De Leon TX 76444, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Toney Prather**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **254-893-1000**

Study Area Code of Reporting Carrier

442043

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CAP ROCK TEL COOP					
Signature of Authorized Officer: Jim Whitefield				<small>Digitally signed by Jim Whitefield DN: cn=Jim Whitefield, email=advisory@caprock-spur.com, O=cap rock tel coop, l=Spur TX 79370-0300, Date: 5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Jim Whitefield					
Title or position of Authorized Officer: Executive Vice President/General Manager					
Telephone number of Authorized Officer: 806-271-3336					
Study Area Code of Reporting Carrier	442046		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CENTRAL TEXAS CO-OP					
Signature of Authorized Officer: Jamey Wigley				<small>Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas co-op,l=Goldthwaite TX 76844, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Jamey Wigley					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 325-648-2237					
Study Area Code of Reporting Carrier	442052		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COLEMAN COUNTY CO-OP					
Signature of Authorized Officer: Tim Humpert				<small>Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county co-op,l=Santa Anna TX 76878, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Tim Humpert					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 325-348-3124					
Study Area Code of Reporting Carrier	442057		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COLORADO VALLEY TEL					
Signature of Authorized Officer: Kelly Allison				<small>Digitally signed by Kelly Allison DN:cn=Kelly Allison,email=kellya@coloradovalley.com,O=colorado valley tel,l=La Grange TX 78945, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Kelly Allison					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 979-247-8315					
Study Area Code of Reporting Carrier	442059		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TOTELCOM COMM.					
Signature of Authorized Officer: Toney Prather				<small>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=totelcom comm.,l=De Leon TX 76444, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Toney Prather					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 254-893-1000					
Study Area Code of Reporting Carrier	442060		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COMMUNITY TEL CO					
Signature of Authorized Officer: Clifford Humpert				<small>Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community tel co,l=Windthorst TX 76389, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Clifford Humpert					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 940-423-6201					
Study Area Code of Reporting Carrier	442061		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CUMBY TEL COOP INC					
Signature of Authorized Officer: Karen Zimmerman				<small>Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby tel coop inc, =Cumby TX 75433, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Karen Zimmerman					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 903-994-2211					
Study Area Code of Reporting Carrier	442065		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DELL TEL. CO-OP - TX					
Signature of Authorized Officer: Marcy Guillen				<small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel. co-op - tx, e= , Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Marcy Guillen					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 915-964-2352					
Study Area Code of Reporting Carrier	442066		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ELECTRA TELEPHONE CO					
Signature of Authorized Officer: Amanda Molina				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=electra telephone co,l= , Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	442069		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FIVE AREA TEL CO-OP					
Signature of Authorized Officer: Mark Washington				Digitally signed by Mark Washington DN:cn=Mark Washington,email=markwa@fivearea.com,O=five area tel co-op,l=Muleshoe TX 79347, Date:5/17/2017	
Date: 5/17/2017					
Printed name of Authorized Officer: Mark Washington					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 806-272-5533					
Study Area Code of Reporting Carrier	442071		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BORDER TO BORDER					
Signature of Authorized Officer: Herman Roark Jr.				<small>Digitally signed by Herman Roark Jr. DN:cn=Herman Roark Jr.,email=herman.roark@border2border.com,O=border to border, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Herman Roark Jr.					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 956-936-2000					
Study Area Code of Reporting Carrier	442073		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GANADO TEL.					
Signature of Authorized Officer: Bill Rakowitz				Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado tel.,l=Ganado TX 77962-0329, Date:5/17/2017	
Date: 5/17/2017					
Printed name of Authorized Officer: Bill Rakowitz					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 361-771-3331					
Study Area Code of Reporting Carrier	442076		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Hill Country Telephone Cooperative, Inc.			
Signature of Authorized Officer <i>Willard R. Bass</i>			Date 5-22-2017
Printed name of Authorized Officer Willard R. Bass			
Title or position of Authorized Officer Board President			
Telephone number of Authorized Officer: 830367-5333 ext.			
Study Area Code of Reporting Carrier	442086	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALENCO COMMUNICATION					
Signature of Authorized Officer: Ray Bussell				<small>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communication,l=Joshua TX 76058, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Ray Bussell					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 817-447-0127					
Study Area Code of Reporting Carrier	442090		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ETS TEL. CO., INC.					
Signature of Authorized Officer: J. Findley				<small>Digitally signed by J. Findley DN:cn=J. Findley,email=jfindley@entouchsystems.net,O=ets tel. co., inc., Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: J. Findley					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 281-225-0501					
Study Area Code of Reporting Carrier	442091		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LA WARD TEL EXCHANGE					
Signature of Authorized Officer: Terri Parker				<small>Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward tel exchange,l=La Ward TX 77970-0246, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Terri Parker					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 361-872-2211					
Study Area Code of Reporting Carrier	442103		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LIPAN TEL CO					
Signature of Authorized Officer: Beth Howard			Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan tel co,l=Lipan TX 76462, Date:5/16/2017	Date: 5/16/2017	
Printed name of Authorized Officer: Beth Howard					
Title or position of Authorized Officer: Sec / Treasurer					
Telephone number of Authorized Officer: 254-646-2211					
Study Area Code of Reporting Carrier	442105		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MUENSTER DBA NORTEX					
Signature of Authorized Officer: Alan Rohmer				<small>Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster dba nortex,l=Muenster TX 76252, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Alan Rohmer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 940-759-2251					
Study Area Code of Reporting Carrier	442116		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PEOPLES TEL COOP -TX					
Signature of Authorized Officer: Lloyd Steele				<small>Digitally signed by Lloyd Steele DN:cn=Lloyd Steele,email=steven.steele@gopeoples.net,O=peoples tel coop -tx,l=Quitman TX 75783-0228, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Lloyd Steele					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 903-878-3132					
Study Area Code of Reporting Carrier	442130		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: POKA-LAMBRO TEL COOP					
Signature of Authorized Officer: David McEndree				<small>Digitally signed by David McEndree DN:cn=David McEndree,email=dmc@poka.com,O=poka-lambro tel coop,l=Tahoka TX 79373-1340, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: David McEndree					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 806-924-7234					
Study Area Code of Reporting Carrier	442131		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier Riviera Telephone Company, Inc				
Signature of Authorized Officer 				Date 05/22/17
Printed name of Authorized Officer Bill Colston, Jr				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (361) 296-3232 ext.				
Study Area Code of Reporting Carrier	442134	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SOUTHWEST TEXAS TEL					
Signature of Authorized Officer: Gary Gilmer				<small>Digitally signed by Gary Gilmer DN:cn=Gary Gilmer,email=gary@swtexas.com,O=southwest texas tel,l=Rocksprings TX 78880, Date:5/25/2017</small> Date: 5/25/2017	
Printed name of Authorized Officer: Gary Gilmer					
Title or position of Authorized Officer: President, CEO					
Telephone number of Authorized Officer: 830-683-2111					
Study Area Code of Reporting Carrier	442135		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SANTA ROSA TEL COOP					
Signature of Authorized Officer: Jason Tole				<small>Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer: Jason Tole					
Title or position of Authorized Officer: Assistant GM / CFO					
Telephone number of Authorized Officer: 940-886-2014					
Study Area Code of Reporting Carrier	442141		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SOUTH PLAINS TEL					
Signature of Authorized Officer: Scotty Hart				<small>Digitally signed by Scotty Hart DN:cn=Scotty Hart,email=scotthart@sptc.net,O=south plains tel,l=Lubbock TX 79408-1379, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Scotty Hart					
Title or position of Authorized Officer: CEO / General Manager					
Telephone number of Authorized Officer: 806-763-2301					
Study Area Code of Reporting Carrier	442143		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TATUM TEL CO					
Signature of Authorized Officer: Amanda Molina				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=tatum tel co, = , Date:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	442150		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TAYLOR TEL CO-OP INC					
Signature of Authorized Officer: Steve Singletary				<small>Digitally signed by Steve Singletary DN:cn=Steve Singletary,email=steves@taylortel.net,O=taylor tel co-op inc,l=Merkel TX 79536, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Steve Singletary					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 325-846-4111					
Study Area Code of Reporting Carrier	442151		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VALLEY TEL CO-OP -TX					
Signature of Authorized Officer: Dave Osborn				<small>Digitally signed by Dave Osborn DN:cn=Dave Osborn,email=dave.osborn@vtx1.net,O=valley tel co-op -tx, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Dave Osborn					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 956-642-1124					
Study Area Code of Reporting Carrier	442159		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				West Texas Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer			Date		
<i>Amy Linzey</i>			5/24/2017		
Printed name of Authorized Officer					
Amy Linzey					
Title or position of Authorized Officer					
CEO/General Manager					
Telephone number of Authorized Officer: (806) 364-3331, ext.					
Study Area Code of Reporting Carrier		442166		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WES-TEX TEL CO-OP					
Signature of Authorized Officer: Darren Patrick				<small>Digitally signed by Darren Patrick DN:cn=Darren Patrick,email=dpatrick@westex.coop,O=wes-tex tel co-op,l=Stanton TX 79782, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Darren Patrick					
Title or position of Authorized Officer: Executive VP/General Manager					
Telephone number of Authorized Officer: 432-756-3393					
Study Area Code of Reporting Carrier	442168		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

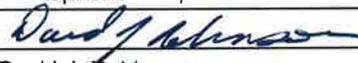
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

Name of Reporting Carrier XIT Rural Telephone Cooperative, Inc			
Signature of Authorized Officer <i>Darrell F. Dennis</i>		Date 05/26/17	
Printed name of Authorized Officer Darrell F. Dennis			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (806) 384-3311 , ext.			
Study Area Code of Reporting Carrier	442170	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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier: ENMR Telephone Cooperative			
Signature of Authorized Officer: 			Date: 5-23-2017
Printed name of Authorized Officer: David J. Robinson			
Title or position of Authorized Officer: Chief Executive Officer			
Telephone number of Authorized Officer: (575) 389-5100 ext.			
Study Area Code of Reporting Carrier: 442262	Filing Due Date for this form (mm/dd/yyyy): 6/16/2017		
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Hopi Telecommunications, INC			
Signature of Authorized Officer <i>[Handwritten Signature]</i>			Date 5/18/17
Printed name of Authorized Officer CARROLL ONSAE			
Title or position of Authorized Officer PPRESIDENT and General manager			
Telephone number of Authorized Officer: 928 522-8428 ext.			
Study Area Code of Reporting Carrier	450815	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SAN CARLOS APACHE					
Signature of Authorized Officer: Shirley Ortiz				<small>Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache,I=Peridot AZ 85542, Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer: Shirley Ortiz					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 928-475-7058					
Study Area Code of Reporting Carrier	452169		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Tohono O'odham Utility Authority			
Signature of Authorized Officer <i>Harriet Toro</i>			Date May 24, 2017
Printed name of Authorized Officer Harriet Toro			
Title or position of Authorized Officer Chairwoman			
Telephone number of Authorized Officer: (520) 383-2236 ext.			
Study Area Code of Reporting Carrier	452173	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VALLEY TEL COOP-AZ					
Signature of Authorized Officer: Steven Metts				<small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop-az,l=Willcox AZ 85644, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Steven Metts					
Title or position of Authorized Officer: CEO / General Manager					
Telephone number of Authorized Officer: 520-384-2231					
Study Area Code of Reporting Carrier	452176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GILA RIVER TELECOM.					
Signature of Authorized Officer: Bruce Holdridge				<small>Digitally signed by Bruce Holdridge DN:cn=Bruce Holdridge,email=bholdridge@gilarivertel.com,O=gila river telecom., Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Bruce Holdridge					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 520-796-3333					
Study Area Code of Reporting Carrier	452179		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ACCIPITER DBA ZONA					
Signature of Authorized Officer: Patrick Sherrill				<small>Digitally signed by Patrick Sherrill DN:cn=Patrick Sherrill,email=psherrill@teamzona.com,O=accipiter dba zona,l= , Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Patrick Sherrill					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 928-501-5000					
Study Area Code of Reporting Carrier	452191		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FORT MOJAVE TEL, INC					
Signature of Authorized Officer: Linda Gutierrez				<small>Digitally signed by Linda Gutierrez DN:cn=Linda Gutierrez,email=linfnti@ftmojave.net,O=fort mojave tel, inc, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Linda Gutierrez					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 928-346-2521					
Study Area Code of Reporting Carrier	452200		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDVALE-AZ					
Signature of Authorized Officer: John Stuart				Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale-az,I=M idvale ID 83645, Date:5/30/2017	
Date: 5/30/2017					
Printed name of Authorized Officer: John Stuart					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 208-355-2211					
Study Area Code of Reporting Carrier	452226		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TABLE TOP TEL CO					
Signature of Authorized Officer: Kristann Mattes				<small>Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=table top tel co,l=O'Neals CA 93645, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Kristann Mattes					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 559-868-6346					
Study Area Code of Reporting Carrier	453334		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Saddleback Communications			
Signature of Authorized Officer <i>Bill Bryant</i>		Date May 26, 2017	
Printed name of Authorized Officer Bill Bryant			
Title or position of Authorized Officer President/General Manager			
Telephone number of Authorized Officer: (480) 362-7001 ext.			
Study Area Code of Reporting Carrier	457991	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SUNFLOWER TEL - CO					
Signature of Authorized Officer: Michael Skrivan			<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=sunflower tel - co,l= , Date:5/25/2017</small>		
Date: 5/25/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	461835		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: AGATE MUTUAL TEL CO					
Signature of Authorized Officer: Judy Hollembeak				<small>Digitally signed by Judy Hollembeak DN:cn=Judy Hollembeak,email=amtca@amtca.net,O=agate mutual tel co,l=Agate CO 80101, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Judy Hollembeak					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 719-764-2578					
Study Area Code of Reporting Carrier	462178		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BIJOU TEL COOP ASSOC					
Signature of Authorized Officer: Brian Creveling				Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel coop assoc,l= , Date:5/22/2017	
Date: 5/22/2017					
Printed name of Authorized Officer: Brian Creveling					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 303-822-5400					
Study Area Code of Reporting Carrier	462181		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BLANCA TEL CO					
Signature of Authorized Officer: Alan Wehe				Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca tel co,l=Alamosa CO 81101, Date:5/26/2017	
Date: 5/26/2017					
Printed name of Authorized Officer: Alan Wehe					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 719-379-3839					
Study Area Code of Reporting Carrier	462182		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: EASTERN SLOPE RURAL					
Signature of Authorized Officer: Patricia White				<small>Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural,l=Hugo CO 80821-0397, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Patricia White					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 719-743-2441					
Study Area Code of Reporting Carrier	462186		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS TEL CO - CO					
Signature of Authorized Officer: Douglas Pace				<small>Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dpace@fitel.net,O=farmers tel co - co,l=Pleasant View CO 81331-0369, Date:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer: Douglas Pace					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 970-562-0058					
Study Area Code of Reporting Carrier	462188		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HAXTUN TEL CO					
Signature of Authorized Officer: Amanda Molina				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=haxtun tel co,lc= , Date:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	462190		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BIG SANDY TELECOM					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=big sandy telecom,l= , Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	462192		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NUCLA-NATURITA TEL					
Signature of Authorized Officer: Kelly Tomlinson				<small>Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucla-naturita tel,/=Nucla CO 81424, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Kelly Tomlinson					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 970-864-7335					
Study Area Code of Reporting Carrier	462193		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				NUNN TELEPHONE COMPANY			
Signature of Authorized Officer			Date 5/25/17				
Printed name of Authorized Officer				GREGORY R. GRABLSHOLTER			
Title or position of Authorized Officer				MANAGER			
Telephone number of Authorized Officer:				870,897 22 ⁰⁶ ext.			
Study Area Code of Reporting Carrier		46-2194		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SOUTH PARK TEL. CO.					
Signature of Authorized Officer: David Shipley				<small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@usch.com,O=south park tel. co.,l=Colorado City CO 81019-0166, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: David Shipley					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 719-676-4151					
Study Area Code of Reporting Carrier	462195		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PEETZ COOP TEL CO					
Signature of Authorized Officer: Kathy Glassburn				<small>Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=peetztel@peetzplace.com,O=peetz coop tel co,l=Peetz CO 80747, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Kathy Glassburn					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 970-334-2220					
Study Area Code of Reporting Carrier	462196		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PHILLIPS COUNTY TEL					
Signature of Authorized Officer: Vincent Kropp				<small>Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vince.kropp@pctelcom.org,O=phillips county tel,l=Holyoke CO 80734, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Vincent Kropp					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 970-854-2201					
Study Area Code of Reporting Carrier	462197		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PINE DRIVE TEL CO**

Signature of Authorized Officer: **Matthew Sellers**

Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel co,l=Beulah CO 81023, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Matthew Sellers**

Title or position of Authorized Officer: **Vice President**

Telephone number of Authorized Officer: **719-485-3400**

Study Area Code of Reporting Carrier

462198

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PLAINS COOP TEL ASSN					
Signature of Authorized Officer: Mike Leerar				<small>Digitally signed by Mike Leerar DN:cn=Mike Leerar,email=mab@plainstel.com,O=plains coop tel assn,l=Joes CO 80822, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Mike Leerar					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 970-358-4211					
Study Area Code of Reporting Carrier	462199		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RICO TEL CO					
Signature of Authorized Officer: Jeremy Smith				<small>Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=rico tel co,l=Rockland ID 83271, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Jeremy Smith					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	462201		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ROGGEN TEL COOP CO					
Signature of Authorized Officer: Peggy Manino				<small>Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen tel coop co,l=Roggen CO 80652-0100, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Peggy Manino					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 303-849-5260					
Study Area Code of Reporting Carrier	462202		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RYE TELEPHONE CO					
Signature of Authorized Officer: David Shipley				<small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=rye telephone co,l=Colorado City CO 81019-0166, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: David Shipley					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 719-676-3131					
Study Area Code of Reporting Carrier	462203		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COLUMBINE ACQ CORP					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=columbine acq corp, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	462204		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: STONEHAM COOP TEL CO					
Signature of Authorized Officer: Taya Northrup				<small>Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham coop tel co,l=Stoneham CO 80754, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Taya Northrup					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 970-735-2251					
Study Area Code of Reporting Carrier	462206		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WIGGINS TEL ASSOC**

Signature of Authorized Officer: **Terry Hendrickson**

Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wigginstel.com,O=wiggins tel assoc,l=Wiggins CO 80654-0690, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Terry Hendrickson**

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

Telephone number of Authorized Officer: **970-483-7343**

Study Area Code of Reporting Carrier

462209

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WILLARD TEL CO					
Signature of Authorized Officer: Aimee Dollerschell				<small>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel co,l= , Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Aimee Dollerschell					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 970-228-4571					
Study Area Code of Reporting Carrier	462210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALBION TEL CO-ATC					
Signature of Authorized Officer: Rich Redman				<small>Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc, =Albion ID 83311, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Rich Redman					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 208-673-5335					
Study Area Code of Reporting Carrier	472213		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CAMBRIDGE TEL CO					
Signature of Authorized Officer: Kristie Kanady				Digitally signed by Kristie Kanady DN:cn=Kristie Kanady,email=kkanady@ctctele.com,O=cambridge tel co,l= , Date:5/19/2017	
Date: 5/19/2017					
Printed name of Authorized Officer: Kristie Kanady					
Title or position of Authorized Officer: Billing Manager					
Telephone number of Authorized Officer: 208-257-3314					
Study Area Code of Reporting Carrier	472215		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CUSTER TEL COOP					
Signature of Authorized Officer: Dennis Thornock				<small>Digitally signed by Dennis Thornock DN:cn=Dennis Thornock,email=dennis@custertel.net,O=custer tel coop,l=Challis ID 83226, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Dennis Thornock					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 208-879-2281					
Study Area Code of Reporting Carrier	472218		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported						
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>						
Name of Reporting Carrier: FILER MUTUAL TEL -ID						
Signature of Authorized Officer: Steve Cowger				<small>Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -id,l=Filer ID 83328, Date:5/17/2017</small>	Date: 5/17/2017	
Printed name of Authorized Officer: Steve Cowger						
Title or position of Authorized Officer: General Manager						
Telephone number of Authorized Officer: 208-326-4339						
Study Area Code of Reporting Carrier	472220		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS MUTUAL TEL**

Signature of Authorized Officer: **Daniel Greig**

Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel,l=Fruitland ID 83619, Date:5/25/2017

Date: **5/25/2017**

Printed name of Authorized Officer: **Daniel Greig**

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

Telephone number of Authorized Officer: **208-452-3100**

Study Area Code of Reporting Carrier	472221		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDVALE TEL EXCH INC					
Signature of Authorized Officer: John Stuart				Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale tel exch inc, =Midvale ID 83645, Date:5/30/2017	
Date: 5/30/2017					
Printed name of Authorized Officer: John Stuart					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 208-355-2211					
Study Area Code of Reporting Carrier	472226		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MUD LAKE TEL COOP					
Signature of Authorized Officer: Justin Petersen				<small>Digitally signed by Justin Petersen DN:cn=Justin Petersen,email=petersen.j@mudlake.net,O=mud lake tel coop,i=Dubois ID 83423, Date:5/20/2017</small>	
Date: 5/20/2017					
Printed name of Authorized Officer: Justin Petersen					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 208-374-5401					
Study Area Code of Reporting Carrier	472227		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PROJECT MUTUAL TEL					
Signature of Authorized Officer: Rick Harder				<small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel,= , Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Rick Harder					
Title or position of Authorized Officer: CFO/Treasurer					
Telephone number of Authorized Officer: 208-434-7124					
Study Area Code of Reporting Carrier	472231		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DIRECT COMM-ROCKLAND					
Signature of Authorized Officer: Leonard May				<small>Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland,l=Rockland ID 83271, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Leonard May					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	472232		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier: Rural Telephone Company - ID			
Signature of Authorized Officer: 			Date: 05/23/2017
Printed name of Authorized Officer: Michael J. Martell			
Title or position of Authorized Officer: Vice-President			
Telephone number of Authorized Officer: (208) 366-2614 ext.			
Study Area Code of Reporting Carrier	472233	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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Columbine Telephone Company dba Silver Star Communications					
Signature of Authorized Officer			<i>B Sessions</i>			Date		May 19, 2017	
Printed name of Authorized Officer				Barbara Sessions					
Title or position of Authorized Officer				Chief Financial Officer					
Telephone number of Authorized Officer:				(307) 883-6672 _{ext.}					
Study Area Code of Reporting Carrier		472295		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: INLAND TEL-ID					
Signature of Authorized Officer: James Brooks				<small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel-id,I=Roslyn WA 98941, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: James Brooks					
Title or position of Authorized Officer: Treasurer/Controller/Reg. Manager					
Telephone number of Authorized Officer: 509-649-2211					
Study Area Code of Reporting Carrier	472423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HOT SPRINGS TEL CO					
Signature of Authorized Officer: Kathe Johnson				Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/30/2017	
Date: 5/30/2017					
Printed name of Authorized Officer: Kathe Johnson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 406-721-0846					
Study Area Code of Reporting Carrier	482241		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **INTERBEL TEL COOP**

Signature of Authorized Officer: **Randy Wilson**

Digitally signed by Randy Wilson DN:cn=Randy Wilson,email=rwilson@interbel.com,O=interbel tel coop,l=Eureka MT 59917, Date:5/24/2017

Date: **5/24/2017**

Printed name of Authorized Officer: **Randy Wilson**

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

Telephone number of Authorized Officer: **406-889-3311**

Study Area Code of Reporting Carrier

482242

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

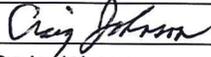
6/16/2017

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LINCOLN TEL CO INC					
Signature of Authorized Officer: Ken Lumpkin				<small>Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@linctel.net,O=lincoln tel co inc,= , Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Ken Lumpkin					
Title or position of Authorized Officer: General Manager / Secretary / Treasurer					
Telephone number of Authorized Officer: 406-362-4216					
Study Area Code of Reporting Carrier	482244		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Mid-Rivers Telephone Cooperative, Inc.			
Signature of Authorized Officer 			Date May 18, 2017
Printed name of Authorized Officer Craig Johnson			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (406) 485-3301 , ext. _____			
Study Area Code of Reporting Carrier	482246	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.			

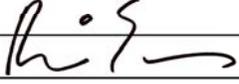
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTHERN TEL COOP					
Signature of Authorized Officer: Mike Sheard			Digitally signed by Mike Sheard DN:cn=Mike Sheard,email=accounting@northermtel.net,O=northern tel coop,l=Sunburst MT 59482, Date:5/22/2017	Date: 5/22/2017	
Printed name of Authorized Officer: Mike Sheard					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 406-937-9661					
Study Area Code of Reporting Carrier	482248		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier PROJECT TEL CO			
Signature of Authorized Officer 			Date 2017.05.24
Printed name of Authorized Officer REMI SUN			
Title or position of Authorized Officer CHIEF FINANCIAL OFFICER			
Telephone number of Authorized Officer: (406) 783-2358 ext.			
Study Area Code of Reporting Carrier	482250	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **RANGE TEL COOP-MT**

Signature of Authorized Officer: **Gail Rainey**

Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel coop-mt,l=Forsyth MT 59327, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Gail Rainey**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **406-347-2859**

Study Area Code of Reporting Carrier

482251

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SOUTHERN MONTANA TEL**

Signature of Authorized Officer: **Larry Mason**

Digitally signed by Larry Mason DN:cn=Larry Mason,email=LMason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Larry Mason**

Title or position of Authorized Officer: **Vice President/General Manager**

Telephone number of Authorized Officer: **406-689-3333**

Study Area Code of Reporting Carrier	482254		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: 3-RIVERS TEL COOP					
Signature of Authorized Officer: Bradley Veis				<small>Digitally signed by Bradley Veis DN:cn=Bradley Veis,email=brad.veis@3rivers.coop,O=3-rivers tel coop,l=Fairfield MT 59436-0429, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Bradley Veis					
Title or position of Authorized Officer: Director of Finance/CFO					
Telephone number of Authorized Officer: 406-467-4405					
Study Area Code of Reporting Carrier	482255		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRIANGLE TEL COOP					
Signature of Authorized Officer: Craig Gates				<small>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel coop,l=Havre MT 59501, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Craig Gates					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 406-394-7807					
Study Area Code of Reporting Carrier	482257		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRIANGLE-CMC					
Signature of Authorized Officer: Craig Gates				<small>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle-cmc,I=Havre MT 59501, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Craig Gates					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 406-394-7807					
Study Area Code of Reporting Carrier	483310		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MESCALERO APACHE					
Signature of Authorized Officer: Godfrey Enjady				<small>Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,I=Mescalero NM 88340, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Godfrey Enjady					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 505-795-5555					
Study Area Code of Reporting Carrier	491231		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DELL TEL CO-OP - NM					
Signature of Authorized Officer: Marcy Guillen				<small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel co-op - nm,l= , Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Marcy Guillen					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 915-964-2352					
Study Area Code of Reporting Carrier	492066		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VALLEY TEL COOP - NM					
Signature of Authorized Officer: Steven Metts				<small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop - nm,l=Willcox AZ 85644, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Steven Metts					
Title or position of Authorized Officer: CEO / General Manager					
Telephone number of Authorized Officer: 520-384-2231					
Study Area Code of Reporting Carrier	492176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BACA VALLEY TEL CO					
Signature of Authorized Officer: Paul Briesh				<small>Digitally signed by Paul Briesh DN:cn=Paul Briesh,email=paulbvt@bacavalley.com,O=baca valley tel co,l=Des Moines NM 88418, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Paul Briesh					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 575-278-2101					
Study Area Code of Reporting Carrier	492259		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: ENMR Telephone Cooperative			
Signature of Authorized Officer: 			Date: 5-23-2017
Printed name of Authorized Officer: David J. Robinson			
Title or position of Authorized Officer: Chief Executive Officer			
Telephone number of Authorized Officer: (575) 389-5100 ext.			
Study Area Code of Reporting Carrier	492262	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LA JICARITA RURAL					
Signature of Authorized Officer: Danny Gray				<small>Digitally signed by Danny Gray DN:cn=Danny Gray,email=dgray@lajicarita.com,O=la jicarita rural,l=Mora NM 87732-0269, Date:5/25/2017</small> Date: 5/25/2017	
Printed name of Authorized Officer: Danny Gray					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 575-387-2216					
Study Area Code of Reporting Carrier	492263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <u>Leaco Rural Telephone Cooperative Inc.</u>			Date <u>5/30/2017</u>
Signature of Authorized Officer <u>Dale Snider</u>			
Printed name of Authorized Officer <u>Dale Snider</u>			
Title or position of Authorized Officer <u>CEO</u>			
Telephone number of Authorized Officer <u>1 575 1309-8225 ext.</u>			Filing Due Date for this form (month/day/year) <u>6/16/2017</u>
Study Area Code of Reporting Carrier	<u>492264</u>		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **Tularosa Basin Tel.**

Signature of Authorized Officer: **Joshua Beug**

Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbc.net,O=tularosa basin tel.,l= , Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Joshua Beug**

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

Telephone number of Authorized Officer: **575-585-0125**

Study Area Code of Reporting Carrier

492265

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WESTERN NEW MEXICO**

Signature of Authorized Officer: **John Francis**

Digitally signed by John Francis DN:cn=John Francis,email=jfrancis@wnmt.com,O=western new mexico,l=Silver City NM 88061, Date:5/25/2017

Date: **5/25/2017**

Printed name of Authorized Officer: **John Francis**

Title or position of Authorized Officer: **Exec. Vice President**

Telephone number of Authorized Officer: **575-535-2230**

Study Area Code of Reporting Carrier

492268

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PENASCO VALLEY TEL					
Signature of Authorized Officer: Kevin Bartley				<small>Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel,= , Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Kevin Bartley					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 575-748-1241					
Study Area Code of Reporting Carrier	492270		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ROOSEVELT CNTY RURAL					
Signature of Authorized Officer: Cecile Archibeque				<small>Digitally signed by Cecile Archibeque DN:cn=Cecile Archibeque,email=cecile@yuccatelecom.com,O=roosevelt cnty rural,=Portales NM 88130-0867, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Cecile Archibeque					
Title or position of Authorized Officer: General Manager/EO					
Telephone number of Authorized Officer: 575-226-2255					
Study Area Code of Reporting Carrier	492272		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SACRED WIND					
Signature of Authorized Officer: John Badal				<small>Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind,lc= , Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: John Badal					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 505-821-5080					
Study Area Code of Reporting Carrier	493403		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DIRECTCOMM-CEDAR VAL					
Signature of Authorized Officer: Kip Wilson				<small>Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=directcomm-cedar val,I=Rockland ID 83271, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Kip Wilson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	500758		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CENTRAL UTAH TEL INC					
Signature of Authorized Officer: Mike Plows				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc,l= , Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Mike Plows					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 425-275-1013					
Study Area Code of Reporting Carrier	502277		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GUNNISON TEL CO**

Signature of Authorized Officer: **Natalie Gleave**

Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel co,l=Gunnison UT 84634, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Natalie Gleave**

Title or position of Authorized Officer: **Controller/Director**

Telephone number of Authorized Officer: **435-528-7236**

Study Area Code of Reporting Carrier	502279		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MANTI TEL CO					
Signature of Authorized Officer: Dallas Cox				<small>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,l= , Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Dallas Cox					
Title or position of Authorized Officer: Vice President and General Manager					
Telephone number of Authorized Officer: 435-835-3391					
Study Area Code of Reporting Carrier	502282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SKYLINE TELECOM					
Signature of Authorized Officer: Mike Plows				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc=US, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Mike Plows					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 425-275-1013					
Study Area Code of Reporting Carrier	502283		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BEEHIVE TEL CO - UT					
Signature of Authorized Officer: Jacob Warner				<small>Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - ut,= , Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Jacob Warner					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 435-837-6000					
Study Area Code of Reporting Carrier	502284		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SOUTH CENTRAL UTAH					
Signature of Authorized Officer: Michael East				<small>Digitally signed by Michael East DN:cn=Michael East,email=michae@socen.com,O=south central utah, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Michael East					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 435-826-4211					
Study Area Code of Reporting Carrier	502286		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALL WEST COMM-UT**

Signature of Authorized Officer: **Jenny Prescott**

Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,=Kamas UT 84036, Date:5/21/2017

Date: **5/21/2017**

Printed name of Authorized Officer: **Jenny Prescott**

Title or position of Authorized Officer: **VP Customer Service & Finance**

Telephone number of Authorized Officer: **435-783-4913**

Study Area Code of Reporting Carrier

502288

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BEAR LAKE COMM					
Signature of Authorized Officer: Mike Plows				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,lc=, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Mike Plows					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 425-275-1013					
Study Area Code of Reporting Carrier	503032		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RANGE TEL COOP - WY					
Signature of Authorized Officer: Gail Rainey				<small>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel coop - wy,l=Forsyth MT 59327, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Gail Rainey					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 406-347-2859					
Study Area Code of Reporting Carrier	512251		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHUGWATER TEL CO					
Signature of Authorized Officer: James Moberly				<small>Digitally signed by James Moberly DN:cn=James Moberly,email=jmoberly@mwcorp.net,O=chugwater tel co,l=Chugwater WY 82210, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: James Moberly					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 307-422-3535					
Study Area Code of Reporting Carrier	512289		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.					

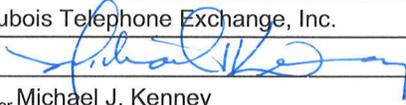
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALL WEST COMM.-WY					
Signature of Authorized Officer: Jenny Prescott				<small>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm.-wy,l=Kamas UT 84036, Date:5/21/2017</small>	
Date: 5/21/2017					
Printed name of Authorized Officer: Jenny Prescott					
Title or position of Authorized Officer: VP Customer Service & Finance					
Telephone number of Authorized Officer: 435-783-4913					
Study Area Code of Reporting Carrier	512290		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Dubois Telephone Exchange, Inc.	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Michael J. Kenney		
Title or position of Authorized Officer			Vice President/General Manager		
Telephone number of Authorized Officer: (307) 455-2341 ext.					
Study Area Code of Reporting Carrier	512291	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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Silver Star Tel Co. Inc.			
Signature of Authorized Officer <i>B Sessions</i>			Date May 19, 2017
Printed name of Authorized Officer Barbara Sessions			
Title or position of Authorized Officer Chief Financial Officer			
Telephone number of Authorized Officer: (307) 883-6672 ext.			
Study Area Code of Reporting Carrier	512295	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WESTGATE dba WEA/TEL					
Signature of Authorized Officer: Richard Weaver				<small>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel,l=Chelan WA 98816, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Richard Weaver					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 509-682-5556					
Study Area Code of Reporting Carrier	520580		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SKYLINE TELECOM CO.					
Signature of Authorized Officer: Delinda Kluser				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom co.,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Delinda Kluser					
Title or position of Authorized Officer: Vice President, Manager					
Telephone number of Authorized Officer: 541-932-4411					
Study Area Code of Reporting Carrier	520581		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ELLENSBURG TEL CO					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=ellensburg tel co,l= , Date:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	522412		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HAT ISLAND TEL CO					
Signature of Authorized Officer: Frank McIntyre				<small>Digitally signed by Frank McIntyre DN:cn=Frank McIntyre,email=frank.mcintyre@whidbeytel.com,O=hat island tel co, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Frank McIntyre					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 360-321-0088					
Study Area Code of Reporting Carrier	522417		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Pend Oreille Telephone Company			
Signature of Authorized Officer: 			Date: 05/23/2017
Printed name of Authorized Officer: Michael J. Martell			
Title or position of Authorized Officer: Vice-President			
Telephone number of Authorized Officer: (208) 366-2614 , ext.			
Study Area Code of Reporting Carrier	522418	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HOOD CANAL TEL CO					
Signature of Authorized Officer: Richard Buechel				<small>Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal tel co,l=Union WA 98592, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Richard Buechel					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 360-898-2481					
Study Area Code of Reporting Carrier	522419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: INLAND TEL CO -WA					
Signature of Authorized Officer: James Brooks				<small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel co -wa,l=Roslyn WA 98941, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: James Brooks					
Title or position of Authorized Officer: Treasurer/Controller/Reg. Manager					
Telephone number of Authorized Officer: 509-649-2211					
Study Area Code of Reporting Carrier	522423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KALAMA TEL CO					
Signature of Authorized Officer: Rick Vitzthum				<small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama tel co,l=Tenino WA 98589, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Rick Vitzthum					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 360-264-3155					
Study Area Code of Reporting Carrier	522426		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Mashell Telecom, Inc.**

Signature of Authorized Officer  Date **05/22/2017**

Printed name of Authorized Officer **Danielle Clausen**

Title or position of Authorized Officer **Controller**

Telephone number of Authorized Officer: **(360) 832-4130**, ext. _____

Study Area Code of Reporting Carrier	522431	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PIONEER TEL CO					
Signature of Authorized Officer: Dallas Filan				<small>Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer tel co,l=Lacrosse WA 99143, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Dallas Filan					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 509-549-3511					
Study Area Code of Reporting Carrier	522437		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ST. JOHN TEL.**

Signature of Authorized Officer: **Eric Trump**

Digitally signed by Eric Trump DN:cn=Eric Trump,email=eric@stjohncable.com,O=st. john tel.,l=St. John WA 99171, Date:5/19/2017

Date: **5/19/2017**

Printed name of Authorized Officer: **Eric Trump**

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

Telephone number of Authorized Officer: **509-648-3322**

Study Area Code of Reporting Carrier

522442

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TENINO TELEPHONE CO					
Signature of Authorized Officer: Rick Vitzthum				<small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino telephone co,=Tenino WA 98589, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Rick Vitzthum					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 360-264-3155					
Study Area Code of Reporting Carrier	522446		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TOLEDO TELEPHONE CO					
Signature of Authorized Officer: Philip Cappalonga				<small>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Philip Cappalonga					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 360-864-2004					
Study Area Code of Reporting Carrier	522447		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				WESTERN WAHIAKUM COUNTY TELEPHONE COMPANY				
Signature of Authorized Officer						Date		05/22/2017
Printed name of Authorized Officer				STEVEN M. APPELO				
Title or position of Authorized Officer				PRESIDENT				
Telephone number of Authorized Officer: (360) 465-2211 ext.								
Study Area Code of Reporting Carrier		522451		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WHIDBEY TEL CO.					
Signature of Authorized Officer: Frank McIntyre				<small>Digitally signed by Frank McIntyre DN:cn=Frank McIntyre,email=frank.mcintyre@whidbeytel.com,O=whidbey tel co.,l= , Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Frank McIntyre					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 360-321-0088					
Study Area Code of Reporting Carrier	522452		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **YCOM NETWORKS, INC.**

Signature of Authorized Officer: **Michael Skrivan**

Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=ycom networks, inc.,l= , Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Michael Skrivan**

Title or position of Authorized Officer: **Vice-President Regulatory**

Telephone number of Authorized Officer: **207-535-4150**

Study Area Code of Reporting Carrier	522453		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BEAVER CREEK COOP					
Signature of Authorized Officer: Paul Hauer				<small>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=beaver creek coop,l=Mt. Angel OR 97362, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Paul Hauer					
Title or position of Authorized Officer: CEO/President					
Telephone number of Authorized Officer: 503-845-4433					
Study Area Code of Reporting Carrier	532359		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CANBY TEL ASSN					
Signature of Authorized Officer: Paul Hauer				<small>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby tel assn,l=Mt. Angel OR 97362, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Paul Hauer					
Title or position of Authorized Officer: CEO/President					
Telephone number of Authorized Officer: 503-632-6314					
Study Area Code of Reporting Carrier	532362		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLEAR CREEK MUTUAL					
Signature of Authorized Officer: Mitchell Moore				<small>Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Mitchell Moore					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 503-631-2101					
Study Area Code of Reporting Carrier	532363		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COLTON TEL CO					
Signature of Authorized Officer: Stephanie Sauvageau				<small>Digitally signed by Stephanie Sauvageau DN:cn=Stephanie Sauvageau,email=stephanie@coltontel.com,O=colton tel co,l=Colton OR 97017, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Stephanie Sauvageau					
Title or position of Authorized Officer: Accountant					
Telephone number of Authorized Officer: 503-824-5863					
Study Area Code of Reporting Carrier	532364		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **EAGLE TEL SYSTEMS**

Signature of Authorized Officer: **Mike Lattin**

Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,l=Richland OR 97870, Date:5/30/2017

Date: **5/30/2017**

Printed name of Authorized Officer: **Mike Lattin**

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

Telephone number of Authorized Officer: **541-893-6111**

Study Area Code of Reporting Carrier

532369

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CASCADE UTIL INC					
Signature of Authorized Officer: Brooke Wheeler				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade util inc,l=Estacada OR 97023, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Brooke Wheeler					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 503-630-8952					
Study Area Code of Reporting Carrier	532371		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GERVAIS-DATAVISION**

Signature of Authorized Officer: **Renee Willer**

Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais-datavision,serial=1,=Gervais OR 97026, Date:5/30/2017

Date: **5/30/2017**

Printed name of Authorized Officer: **Renee Willer**

Title or position of Authorized Officer: **President/CEO**

Telephone number of Authorized Officer: **503-792-3611**

Study Area Code of Reporting Carrier

532373

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Roome Telecommunications Inc	
Signature of Authorized Officer			Date		
			5-16-17		
Printed name of Authorized Officer					
Randal L Roome					
Title or position of Authorized Officer					
Presidnet					
Telephone number of Authorized Officer: (541) 369-2211 ext.					
Study Area Code of Reporting Carrier		532375		Filing Due Date for this form (mm/dd/yyyy)	
				06/16/2017	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HELIX TEL CO.					
Signature of Authorized Officer: James Smith				<small>Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix tel co.,l=Helix OR 97385, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: James Smith					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 541-457-2385					
Study Area Code of Reporting Carrier	532376		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HOME TELEPHONE CO					
Signature of Authorized Officer: Delinda Kluser				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=home telephone co,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Delinda Kluser					
Title or position of Authorized Officer: Vice President, Manager					
Telephone number of Authorized Officer: 541-932-4411					
Study Area Code of Reporting Carrier	532377		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRANS-CASCADES TEL					
Signature of Authorized Officer: Brooke Wheeler				Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades tel,l=Estacada OR 97023, Date:5/30/2017	
Date: 5/30/2017					
Printed name of Authorized Officer: Brooke Wheeler					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 503-630-8952					
Study Area Code of Reporting Carrier	532378		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MOLALLA TEL CO.					
Signature of Authorized Officer: Terry Simms				<small>Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla tel co.,l=Molalla OR 97038, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Terry Simms					
Title or position of Authorized Officer: Vice President/CFO					
Telephone number of Authorized Officer: 503-829-1122					
Study Area Code of Reporting Carrier	532383		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MONITOR COOP TEL**

Signature of Authorized Officer: Stephanie Sauvageau	Digitally signed by Stephanie Sauvageau DN:cn=Stephanie Sauvageau,email=stephanie@coltontel.com,O=monitor coop tel, Date:5/26/2017	Date: 5/26/2017
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Printed name of Authorized Officer: **Stephanie Sauvageau**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **503-634-2266**

Study Area Code of Reporting Carrier	532384		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MONROE TELEPHONE CO.**

Signature of Authorized Officer: **David Mills**

Digitally signed by David Mills DN:cn=David Mills,email=NECAaffairs@monroetel.com,O=monroe telephone co.,l=Monroe OR 97456-0130, Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **David Mills**

Title or position of Authorized Officer: **Vice President**

Telephone number of Authorized Officer: **541-847-5135**

Study Area Code of Reporting Carrier

532385

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CANBY-MT ANGEL					
Signature of Authorized Officer: Paul Hauer				<small>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby-mt angel,l=Mt. Angel OR 97362, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Paul Hauer					
Title or position of Authorized Officer: CEO/President					
Telephone number of Authorized Officer: 503-632-6314					
Study Area Code of Reporting Carrier	532386		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Nehalem Telecommunications Inc.					
Signature of Authorized Officer						Date		05/23/2017	
Printed name of Authorized Officer				Michael J. Martell					
Title or position of Authorized Officer				Vice-President					
Telephone number of Authorized Officer:				(208) 366-2614 ext.					
Study Area Code of Reporting Carrier		532387		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NORTH STATE TEL CO.**

Signature of Authorized Officer: **Delinda Kluser**

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state tel co.,l=Mt. Vernon OR 97865-0609, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Delinda Kluser**

Title or position of Authorized Officer: **Vice President, Manager**

Telephone number of Authorized Officer: **541-932-4411**

Study Area Code of Reporting Carrier

532388

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **OREGON TEL CORP**

Signature of Authorized Officer: **Delinda Kluser**

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,l=Mt. Vernon OR 97865-0609, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Delinda Kluser**

Title or position of Authorized Officer: **Vice President, Manager**

Telephone number of Authorized Officer: **541-932-4411**

Study Area Code of Reporting Carrier

532389

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OREGON-IDAHO UTIL.					
Signature of Authorized Officer: Justin Perez				Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho util.,l=Nampa ID 83653, Date:5/19/2017	
Date: 5/19/2017					
Printed name of Authorized Officer: Justin Perez					
Title or position of Authorized Officer: Controller / Corporate Secretary					
Telephone number of Authorized Officer: 208-461-7802					
Study Area Code of Reporting Carrier	532390		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PEOPLES TEL CO. - OR					
Signature of Authorized Officer: Curt Thornton				<small>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples tel co. - or,l=Stayton OR 97383, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Curt Thornton					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 503-769-2121					
Study Area Code of Reporting Carrier	532391		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PINE TEL SYSTEM INC.**

Signature of Authorized Officer: **Delinda Kluser**

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=pine tel system inc.,l=Mt. Vernon OR 97865-0609, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Delinda Kluser**

Title or position of Authorized Officer: **Vice President, Manager**

Telephone number of Authorized Officer: **541-932-4411**

Study Area Code of Reporting Carrier

532392

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PIONEER TEL COOP					
Signature of Authorized Officer: Michael Whalen				<small>Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,l=Philomath OR 97370-0631, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Michael Whalen					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 541-929-8256					
Study Area Code of Reporting Carrier	532393		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ST PAUL COOP ASSN					
Signature of Authorized Officer: Nick Schneider				<small>Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,l=St. Paul OR 97137, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Nick Schneider					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 503-633-2111					
Study Area Code of Reporting Carrier	532396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SCIO MUTUAL TEL ASSN					
Signature of Authorized Officer: Thomas Barth				<small>Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tom.barth@smta.coop,O=scio mutual tel assn,l=Scio OR 97374, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Thomas Barth					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 503-394-3366					
Study Area Code of Reporting Carrier	532397		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **STAYTON COOP TEL CO**

Signature of Authorized Officer: **Curt Thornton**

Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=stayton coop tel co,l=Stayton OR 97383, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Curt Thornton**

Title or position of Authorized Officer: **President/CEO**

Telephone number of Authorized Officer: **503-769-2121**

Study Area Code of Reporting Carrier

532399

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OREGON TEL CORP-MTE					
Signature of Authorized Officer: Delinda Kluser				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Delinda Kluser					
Title or position of Authorized Officer: Vice President, Manager					
Telephone number of Authorized Officer: 541-932-4411					
Study Area Code of Reporting Carrier	533336		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CALAVERAS TEL CO					
Signature of Authorized Officer: Rose Cullen				Digitally signed by Rose Cullen DN:cn=Rose Cullen,email=rose.cullen@caltel.com,O=calaveras tel co,l=Copperopolis CA 95228, Date:5/30/2017	
Date: 5/30/2017					
Printed name of Authorized Officer: Rose Cullen					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 209-785-2211					
Study Area Code of Reporting Carrier	542301		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CAL-ORE TELEPHONE CO					
Signature of Authorized Officer: Waihun Yee				<small>Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@calore.net,O=cal-ore telephone co,l=Dorris CA 96023-0847, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Waihun Yee					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 530-397-2211					
Study Area Code of Reporting Carrier	542311		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **DUCOR TELEPHONE CO**

Signature of Authorized Officer: **Eric Votaw**

Digitally signed by Eric Votaw DN:cn=Eric Votaw,email=evotaw@ducortelco.com,O=ducor telephone co,l=Bakersfield CA 93384-2230, Date:5/18/2017

Date: **5/18/2017**

Printed name of Authorized Officer: **Eric Votaw**

Title or position of Authorized Officer: **Vice President**

Telephone number of Authorized Officer: **661-834-7700**

Study Area Code of Reporting Carrier

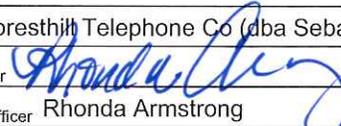
542313

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Foresthill Telephone Co (dba Sebastian)			
Signature of Authorized Officer 			Date 5/16/17
Printed name of Authorized Officer Rhonda Armstrong			
Title or position of Authorized Officer Vice President - Operations			
Telephone number of Authorized Officer: (559) 846-7780 , ext.			
Study Area Code of Reporting Carrier	542318	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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier Kerman Telephone Co (dba Sebastian)</p>			
<p>Signature of Authorized Officer </p>			<p>Date 5/16/17</p>
<p>Printed name of Authorized Officer Rhonda Armstrong</p>			
<p>Title or position of Authorized Officer Vice President - Operations</p>			
<p>Telephone number of Authorized Officer: (559) 846-7780 ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>542324</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: THE PONDEROSA TEL CO					
Signature of Authorized Officer: Kristann Mattes				<small>Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=the ponderosa tel co,l=O'Neals CA 93645, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Kristann Mattes					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 559-868-6346					
Study Area Code of Reporting Carrier	542332		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SIERRA TELEPHONE CO					
Signature of Authorized Officer: Cynthia Huber				<small>Digitally signed by Cynthia Huber DN:cn=Cynthia Huber,email=cindyh@stcg.net,O=sierra telephone co,l=Oakhurst CA 93644, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Cynthia Huber					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 559-642-0209					
Study Area Code of Reporting Carrier	542338		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Siskiyou Telephone Company	
Signature of Authorized Officer		<i>James T. Lowers</i>		Date 05/19/2017	
Printed name of Authorized Officer		James T. Lowers			
Title or position of Authorized Officer		President			
Telephone number of Authorized Officer:		(530) 467-6000 ext.			
Study Area Code of Reporting Carrier	542339	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VOLCANO TEL CO					
Signature of Authorized Officer: Brenda Shepard				<small>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano tel co,l= , Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Brenda Shepard					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 209-296-1447					
Study Area Code of Reporting Carrier	542343		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PINNACLES TEL CO					
Signature of Authorized Officer: Steven Bryan				<small>Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Steven Bryan					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 831-389-4500					
Study Area Code of Reporting Carrier	542346		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FILER MUTUAL TEL -NV					
Signature of Authorized Officer: Steve Cowger				<small>Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -nv,l=Filer ID 83328, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Steve Cowger					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 208-326-4339					
Study Area Code of Reporting Carrier	552220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Rural Telephone Company - NV			
Signature of Authorized Officer 			Date 05/23/2017
Printed name of Authorized Officer Michael J. Martell			
Title or position of Authorized Officer Vice-President			
Telephone number of Authorized Officer: (208) 366-2614 ^{ext.}			
Study Area Code of Reporting Carrier	552233	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BEEHIVE TEL CO - NV					
Signature of Authorized Officer: Jacob Warner				<small>Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - nv,l= , Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Jacob Warner					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 435-837-6000					
Study Area Code of Reporting Carrier	552284		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CHURCHILL-CC COMM.**

Signature of Authorized Officer: **Mark Feest**

Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@cccomm.co,O=churchill-cc comm.,l=Fallon NV 89407, Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Mark Feest**

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

Telephone number of Authorized Officer: **775-423-7654**

Study Area Code of Reporting Carrier	552349		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LINCOLN CTY TEL SYS**

Signature of Authorized Officer: **John Christian, III**

Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,/=Pioche NV 89043, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **John Christian, III**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **775-962-5131**

Study Area Code of Reporting Carrier	552351		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MOAPA VALLEY TEL CO.					
Signature of Authorized Officer: Brad Lyon				<small>Digitally signed by Brad Lyon DN:cn=Brad Lyon,email=brad@mvtel.com,O=moapa valley tel co.,l=Overton NV 89040-0365, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Brad Lyon					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 702-397-2601					
Study Area Code of Reporting Carrier	552353		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RIO VIRGIN TEL CO					
Signature of Authorized Officer: Brooke Wheeler				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin tel co,l=Estacada OR 97023, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Brooke Wheeler					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 503-630-8952					
Study Area Code of Reporting Carrier	552356		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **HUMBOLDT TEL CO**

Signature of Authorized Officer: **Justin Perez**

Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt tel co,l=Nampa ID 83653, Date:5/19/2017

Date: **5/19/2017**

Printed name of Authorized Officer: **Justin Perez**

Title or position of Authorized Officer: **Controller / Corporate Secretary**

Telephone number of Authorized Officer: **208-461-7802**

Study Area Code of Reporting Carrier

553304

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ADAK TEL UTILITY					
Signature of Authorized Officer: Andilea Weaver				<small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaku.net,O=adak tel utility, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Andilea Weaver					
Title or position of Authorized Officer: Vice President/COO					
Telephone number of Authorized Officer: 907-222-0844					
Study Area Code of Reporting Carrier	610989		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ARCTIC SLOPE TEL**

Signature of Authorized Officer: **Clover McNeil**

Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Clover McNeil**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **907-564-2680**

Study Area Code of Reporting Carrier

613001

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BETTLES TEL CO INC					
Signature of Authorized Officer: Michael Garrett				<small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=bettles tel co inc,l=Port Townsend WA 98368, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Michael Garrett					
Title or position of Authorized Officer: COO - Executive VP					
Telephone number of Authorized Officer: 360-385-1733					
Study Area Code of Reporting Carrier	613002		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BRISTOL BAY TEL COOP					
Signature of Authorized Officer: Jeffrey Fulton				<small>Digitally signed by Jeffrey Fulton DN:cn=Jeffrey Fulton,email=jfulton@bristolbay.com,O=bristol bay tel coop,l= , Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Jeffrey Fulton					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 907-439-0456					
Study Area Code of Reporting Carrier	613003		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BUSH-TEL INC.					
Signature of Authorized Officer: W. DeVore				<small>Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mscon.com,O=bush-tel inc.,l=Aniak AK 99557-1009, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: W. DeVore					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 907-675-4311					
Study Area Code of Reporting Carrier	613004		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CIRCLE TEL & ELEC					
Signature of Authorized Officer: David Masephol				<small>Digitally signed by David Masephol DN:cn=David Masephol,email=dmasephol@sbcglobal.net,O=circle tel & elec,l=Circle AK 99733, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: David Masephol					
Title or position of Authorized Officer: Member Owner					
Telephone number of Authorized Officer: 907-773-5500					
Study Area Code of Reporting Carrier	613005		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COPPER VALLEY TEL					
Signature of Authorized Officer: Chris Spencer				Digitally signed by Chris Spencer DN:cn=Chris Spencer,email=cspencer@cvtc.org,O=copper valley tel,l=Valdez AK 99686, Date:5/16/2017	
Date: 5/16/2017					
Printed name of Authorized Officer: Chris Spencer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 907-835-7712					
Study Area Code of Reporting Carrier	613006		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: INTERIOR TEL CO INC					
Signature of Authorized Officer: Brett Carter				Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior tel co inc,l= , Date:5/25/2017	
Date: 5/25/2017					
Printed name of Authorized Officer: Brett Carter					
Title or position of Authorized Officer: VP/Controller					
Telephone number of Authorized Officer: 907-563-2003					
Study Area Code of Reporting Carrier	613011		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KETCHIKAN PUBLIC UT					
Signature of Authorized Officer: Dan Lindgren				<small>Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=danl@city.ketchikan.ak.us,O=ketchikan public ut, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Dan Lindgren					
Title or position of Authorized Officer: Assistant KPU Telecommunications Manager					
Telephone number of Authorized Officer: 907-228-5439					
Study Area Code of Reporting Carrier	613013		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MUKLUK TEL CO INC**

Signature of Authorized Officer: **Brett Carter**

Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=mukluk tel co inc,l= , Date:5/25/2017

Date: **5/25/2017**

Printed name of Authorized Officer: **Brett Carter**

Title or position of Authorized Officer: **VP/Controller**

Telephone number of Authorized Officer: **907-563-2003**

Study Area Code of Reporting Carrier

613016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALASKA TEL CO					
Signature of Authorized Officer: Michael Garrett				<small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska tel co,l=Port Townsend WA 98368, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Michael Garrett					
Title or position of Authorized Officer: President / CEO					
Telephone number of Authorized Officer: 360-385-1733					
Study Area Code of Reporting Carrier	613017		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NUSHAGAK ELEC & TEL**

Signature of Authorized Officer: **Michael Megli**

Digitally signed by Michael Megli DN:cn=Michael Megli,email=mmegli@nushagak.coop,O=nushagak elec & tel,l=Dillingham AK 99576, Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Michael Megli**

Title or position of Authorized Officer: **Interim CEO/GM**

Telephone number of Authorized Officer: **907-842-5251**

Study Area Code of Reporting Carrier

613018

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **OTZ TEL COOPERATIVE**

Signature of Authorized Officer: **Doug Neal**

Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kotzebue AK 99752, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer: **Doug Neal**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **907-442-1000**

Study Area Code of Reporting Carrier

613019

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Yukon Telephone Co., Inc.			
Signature of Authorized Officer 		Date 5/18/17	
Printed name of Authorized Officer Craig Mollerstuen			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (907) 273-5217 ext.			
Study Area Code of Reporting Carrier	613025	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTH COUNTRY TEL CO					
Signature of Authorized Officer: Michael Garrett				<small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=north country tel co,l=Port Townsend WA 98368, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Michael Garrett					
Title or position of Authorized Officer: President / CEO					
Telephone number of Authorized Officer: 360-385-1733					
Study Area Code of Reporting Carrier	613026		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: <i>Summit Telephone & Telegraph Company of Alaska, Inc.</i>			
Signature of Authorized Officer: <i>[Signature]</i>		Date: <i>5/18/2017</i>	
Printed name of Authorized Officer: <i>Roger L Shoffstall</i>			
Title or position of Authorized Officer: <i>President</i>			
Telephone number of Authorized Officer: <i>(907) 389-1612 ext.</i>			
Study Area Code of Reporting Carrier: <i>613028</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Sandwich Isles Communications, Inc.**

Signature of Authorized Officer *Breanne Kahalewai* Date **5/24/17**

Printed name of Authorized Officer **Breanne Kahalewai**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(808) 524-8400**, ext.

Study Area Code of Reporting Carrier	623021	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TELEGUAM HOLDINGS					
Signature of Authorized Officer: John Brady				<small>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings, = , Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer: John Brady					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 671-644-0013					
Study Area Code of Reporting Carrier	663800		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 THE REPORTING CARRIER,

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

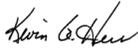
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier American Samoa Telecomm. Authority			
Signature of Authorized Officer <i>Li'a Tufele</i>		Date 05/26/2017	
Printed name of Authorized Officer Mr. Pulelei'ite Li'a Tufele			
Title or position of Authorized Officer Interim CEO			
Telephone number of Authorized Officer: (684) 699-1121, ext.			
Study Area Code of Reporting Carrier	673900	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.

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

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

Name of Authorized Agent	National Exchange Carrier Association (NECA)		
Name of Reporting Carrier	See TDS Telecom ILEC Listing Below		
Signature of Authorized Officer		Date 05/19/2017	
Printed name of Authorized Officer	Kevin G. Hess		
Title or position of Authorized Officer	Executive Vice President		
Telephone number of Authorized Officer.	(608)664-4160 ext. _ _ _ _		
Study Area Code of Reporting Carrier	See TDS Telecom ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017

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.

- 361413 – Mid-State Telephone Company dba KMP
- 240535 – Norway Telephone Company, Inc.
- 250311 – Oakman Telephone Company, Inc.
- 320816 – S and W Telephone Company
- 300662 – The Vanlue Telephone Company
- 320837 - West Point Telephone Company