

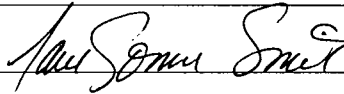
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Moundridge Telephone Company**

Signature of Authorized Officer



Date                      5/31/17

Printed name of Authorized Officer                      Jane Sommer Smith

Title or position of Authorized Officer                      Vice President

Telephone number of Authorized Officer.                      ( 620 ) 345-2831

Study Area Code of Reporting Carrier

**411808**



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.

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

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

Name of Reporting Carrier	<b>Moundridge Telephone Company</b>		
Signature of Authorized Officer		Date	5/31/17
Printed name of Authorized Officer	Jane Sommer Smith		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	( 620 ) 345-2831		
Study Area Code of Reporting Carrier	<b>411808</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017

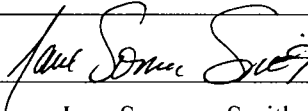
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier                      **Moundridge Telephone Company**

Signature of Authorized Officer



Date      **5/31/17**

Printed name of Authorized Officer              Jane Sommer Smith

Title or position of Authorized Officer      Vice President

Telephone number or Authorized Officer.                      ( 620 ) 345-2831

Study Area Code of Reporting Carrier

**411808**

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

**06/16/2017**

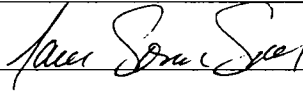
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier                      **Moundridge Telephone Company**

Signature of Authorized Officer



Date

*5/31/17*

Printed name of Authorized Officer

Jane Sommer Smith

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

( 620 ) 345-2831

Study Area Code of Reporting Carrier

**411808**



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

**06/16/2017**




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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Mt. Horeb Telephone Co.		
Signature of Authorized Officer		Date	5-30-2017
Printed name of Authorized Officer	John Klarer		
Title or position of Authorized Officer	Secretary / General Manager		
Telephone number of Authorized Officer.	(608) 437 5551 ext. ____		
Study Area Code of Reporting Carrier	330916	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.

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

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

Name of Reporting Carrier	<b>Mt. Horeb Telephone Co.</b>		
Signature of Authorized Officer	<i>John Klarer</i>	Date	<i>5-30-2017</i>
Printed name of Authorized Officer	<i>John Klarer</i>		
Title or position of Authorized Officer	<i>Secretary / General Manager</i>		
Telephone number of Authorized Officer.	<i>(608) 437 5551 ext. ----</i>		
Study Area Code of Reporting Carrier	<b>330916</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>

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

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

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

Name of Reporting Carrier	<b>Mt. Horeb Telephone Co.</b>		
Signature of Authorized Officer	<i>John Klarer</i>	Date	<i>5-30-17</i>
Printed name of Authorized Officer	<i>John Klarer</i>		
Title or position of Authorized Officer	<i>Secretary / General Manager</i>		
Telephone number or Authorized Officer.	<i>(608) 437 5557 ext. ----</i>		
Study Area Code of Reporting Carrier	<b>330916</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>

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

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

Name of Reporting Carrier	<b>Mt. Horeb Telephone Co.</b>		
Signature of Authorized Officer	<i>John Klarer</i>	Date	<i>5-30-2017</i>
Printed name of Authorized Officer	<i>John Klarer</i>		
Title or position of Authorized Officer	<i>Secretary / General Manager</i>		
Telephone number of Authorized Officer.	<i>(608) 437 5551 ext. ____</i>		
Study Area Code of Reporting Carrier	<b>330916</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)
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Name of Reporting Carrier	<b>Mutual Telephone Company</b>
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Signature of Authorized Officer		Date	6/9/17
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Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	COO
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Telephone number or Authorized Officer.	(712) 722-3451 ext. _ _ _ _
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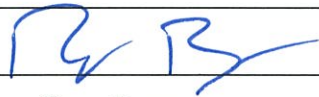
Study Area Code of Reporting Carrier	<b>351252</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017	
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier	<b>Mutual Telephone Company</b>
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Signature of Authorized Officer		Date 6/9/17
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Printed name of Authorized Officer	<b>Ryan Boone</b>
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Title or position of Authorized Officer	<b>COO</b>
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Telephone number or Authorized Officer.	<b>(712) 722-3451</b> ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>351252</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier      **Mutual Telephone Company**

Signature of Authorized Officer



Date    6/9/17

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer

COO

Telephone number or Authorized  
Officer.

(712) 722-3451 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**351252**

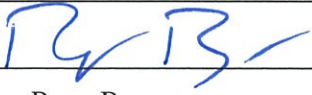
Filing Due Date for this form  
(mm/dd/yyyy)

06/16/2017

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

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

Name of Reporting Carrier	<b>Mutual Telephone Company</b>		
Signature of Authorized Officer		Date	6/9/17
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	COO		
Telephone number of Authorized Officer.	(712) 722-3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>351252</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>

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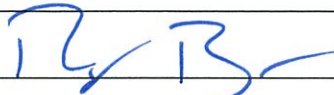
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Northern Iowa Telephone Company**

Signature of Authorized Officer



Date 6/9/17

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer      COO

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

Study Area Code of Reporting Carrier

**351259**

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

06/16/2017

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

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

Name of Reporting Carrier	<b>Northern Iowa Telephone Company</b>
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Signature of Authorized Officer		Date 6/9/17
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Printed name of Authorized Officer	<b>Ryan Boone</b>
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Title or position of Authorized Officer	<b>COO</b>
---	------------

Telephone number or Authorized Officer.	<b>(712) 722-3451</b> ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>351259</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>	
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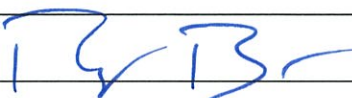
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier      **Northern Iowa Telephone Company**

Signature of Authorized Officer



Date 6/9/17

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer

COO

Telephone number or Authorized Officer.

(712) 722-3451 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**351259**

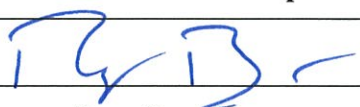
Filing Due Date for this form  
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier	<b>Northern Iowa Telephone Company</b>		
Signature of Authorized Officer		Date	6/9/17
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	COO		
Telephone number of Authorized Officer.	(712) 722-3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>351259</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>

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

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

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

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

Signature of Authorized Officer



Date

**6/13/17**

Printed name of Authorized Officer                      Randy Lis

Title or position of Authorized Officer                      General Manager

Telephone number of Authorized Officer.                      (864) 682-3131

Study Area Code of Reporting Carrier

**240538**

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

**06/16/2017**

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

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

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

Signature of Authorized Officer



Date

**6/13/17**

Printed name of Authorized Officer

**Randy Lis**

Title or position of Authorized Officer

**General Manager**

Telephone number of Authorized Officer.

**(864) 682-3131**

Study Area Code of Reporting Carrier

**240538**


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

**06/16/2017**

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

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Name of Reporting Carrier	<b>Piedmont Rural Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer			Date	<b>6/13/17</b>
Printed name of Authorized Officer	<b>Randy Lis</b>			
Title or position of Authorized Officer	<b>General Manager</b>			
Telephone number of Authorized Officer.	<b>(864) 682-3131</b>			
Study Area Code of Reporting Carrier	<b>240538</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>

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

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

Name of Reporting Carrier	<b>Piedmont Rural Telephone Cooperative, Inc.</b>
---------------------------	---

Signature of Authorized Officer		Date	<b>6/13/17</b>
---------------------------------	---	------	----------------

Printed name of Authorized Officer	<b>Randy Lis</b>
------------------------------------	------------------

Title or position of Authorized Officer	<b>General Manager</b>
---	------------------------

Telephone number or Authorized Officer.	<b>(864) 682-3131</b>
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Study Area Code of Reporting Carrier	<b>240538</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>	
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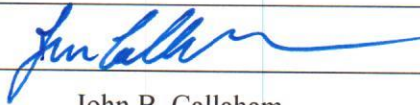


**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier **Pine Telephone Company**

Signature of Authorized Officer



Date

Printed name of Authorized Officer **John B. Callaham**

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

Telephone number or Authorized Officer. **(580) 584-3355**

Study Area Code of Reporting Carrier

**432017**

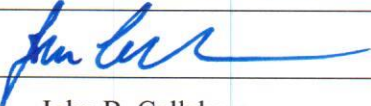
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**06/16/2017**

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Name of Reporting Carrier	<b>Pine Telephone Company</b>		
Signature of Authorized Officer		Date	
Printed name of Authorized Officer	John B. Callaham		
Title or position of Authorized Officer	CEO/Vice President		
Telephone number or Authorized Officer.	(580) 584-3355		
Study Area Code of Reporting Carrier	<b>432017</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier      **Pine Telephone Company**

Signature of Authorized Officer



Date

Printed name of Authorized Officer

**John B. Callaham**

Title or position of Authorized Officer

**CEO/Vice President**

Telephone number of Authorized Officer.

**(580) 584-3355**

Study Area Code of Reporting Carrier

**432017**

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

**06/16/2017**

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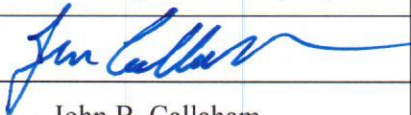
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Pine Telephone Company**

Signature of Authorized Officer



Date

Printed name of Authorized Officer                      John B. Callaham

Title or position of Authorized Officer                      CEO/Vice President

Telephone number of Authorized Officer.                      (580) 584-3355

Study Area Code of Reporting Carrier

**432017**

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.




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

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

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

Name of Reporting Carrier                      **Pineland Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/8/17

Printed name of Authorized Officer

Dustin Darden

Title or position of Authorized Officer

Executive VP

Telephone number of Authorized Officer.

(912) 685 2121 ext.     

Study Area Code of Reporting Carrier

**220377**


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

06/16/2017

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

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

Name of Reporting Carrier	Pineland Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/8/17
Printed name of Authorized Officer	Dustin Darden		
Title or position of Authorized Officer	Executive VP		
Telephone number of Authorized Officer.	(912) 685 2121 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220377	Filing Due Date for this form (mm/dd/yyyy)	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.

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

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

Name of Reporting Carrier **Pineland Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/8/17

Printed name of Authorized Officer

Dustin Darden

Title or position of Authorized Officer

Executive VP

Telephone number of Authorized Officer.

(912) 685 2121 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

220377

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

06/16/2017

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

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

Name of Reporting Carrier **Pineland Telephone Cooperative, Inc.**

Signature of Authorized Officer

*Dustin Darden*

Date

*6/8/17*

Printed name of Authorized Officer

*Dustin Darden*

Title or position of Authorized Officer

*Executive VP*

Telephone number of Authorized Officer.

*( 912 ) 685 2121* ext. *----*

Study Area Code of Reporting Carrier

**220377**

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

**06/16/2017**

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

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

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

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

Signature of Authorized Officer                      *Catherine Moyer*                      Date                      *5/31/2017*

Printed name of Authorized Officer                      Catherine Moyer

Title or position of Authorized Officer                      General Manager/CEO

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

Study Area Code of Reporting Carrier	<b>411817</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

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

Signature of Authorized Officer		Date	<b>5/31/2017</b>
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Printed name of Authorized Officer	<b>Catherine Moyer</b>
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Title or position of Authorized Officer	<b>General Manager/CEO</b>
---	----------------------------

Telephone number or Authorized Officer.	<b>(620) 356-3211</b>
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Study Area Code of Reporting Carrier	<b>411817</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

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

Signature of Authorized Officer	<i>Catherine Moyer</i>	Date	<i>5/31/2017</i>
---------------------------------	------------------------	------	------------------

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

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

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

Study Area Code of Reporting Carrier	<b>411817</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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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.

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

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

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

Signature of Authorized Officer	<i>Catherine Moyer</i>	Date	<i>5/31/2017</i>
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Printed name of Authorized Officer	Catherine Moyer
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Title or position of Authorized Officer	General Manager/CEO
---	---------------------

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

Study Area Code of Reporting Carrier	411817		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017	
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date  
6-12-17

Printed name of Authorized Officer                      DAVID H. BRUNT

Title or position of Authorized Officer                      EXECUTIVE VP ADMINISTRATION & CFO

Telephone number or Authorized Officer.                      ( 803 ) 581-9195 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240541**


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.

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

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

Name of Reporting Carrier		<b>Ridgeway Telephone Company d/b/a TruVista Communications</b>	
Signature of Authorized Officer		 Date 6-12-17	
Printed name of Authorized Officer		DAVID H. BRUNT	
Title or position of Authorized Officer		EXECUTIVE VP ADMINISTRATION & CFO	
Telephone number of Authorized Officer.		( 803 ) 581-9195 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>240541</b>	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.			

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

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

Name of Reporting Carrier	<b>Ridgeway Telephone Company d/b/a TruVista Communications</b>		
Signature of Authorized Officer		Date	6-12-17
Printed name of Authorized Officer	<b>DAVID H. BRUNT</b>		
Title or position of Authorized Officer	<b>EXECUTIVE VP ADMINISTRATION &amp; CFO</b>		
Telephone number of Authorized Officer.	<b>( 803 ) 581-9195 ext. _ _ _ _</b>		
Study Area Code of Reporting Carrier	<b>240541</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017

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

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

Name of Reporting Carrier **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date  
6-12-17

Printed name of Authorized Officer **DAVID H. BRUNT**

Title or position of Authorized Officer **EXECUTIVE VP ADMINISTRATION & CFO**

Telephone number of Authorized Officer.

**( 803 ) 581-9195** ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240541**

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

**06/16/2017**

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

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

Name of Reporting Carrier                      **Ringgold Telephone Company**

Signature of Authorized Officer



Date

06/08/2017

Printed name of Authorized Officer

Celeste Weaver

Title or position of Authorized Officer

Vice President

Telephone number or Authorized  
Officer.

(706) 965 1721 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**220382**

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

**06/16/2017**

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

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

Name of Reporting Carrier                      **Ringgold Telephone Company**

Signature of Authorized Officer



Date

06/08/2017

Printed name of Authorized Office

Celeste Weaver

Title or position of Authorized Officer

Vice President

Telephone number or Authorized  
Officer.

(706) 965 1721 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**220382**

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

06/16/2017

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

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

Name of Reporting Carrier                      **Ringgold Telephone Company**

Signature of Authorized Officer

*Celeste Weaver*

Date

06/08/2017

Printed name of Authorized Officer

Celeste Weaver

Title or position of Authorized Officer

Vice President

Telephone number or Authorized  
Officer.

(706) 965 1721 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**220382**

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

06/16/2017

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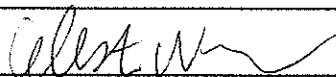
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Ringgold Telephone Company**

Signature of Authorized Officer



Date

06/08/2017

Printed name of Authorized Office                      Celeste Weaver

Title or position of Authorized Officer                      Vice President

Telephone number of Authorized Officer.                      (706) 965 1721 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**220382**

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

06/16/2017

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)				
Name of Reporting Carrier	Skyline Telephone Membership Corporation				
Signature of Authorized Officer				Date	6/2/2017
Printed name of Authorized Officer	Cindy Rothstein				
Title or position of Authorized Officer	Executive Director of Finance				
Telephone number of Authorized Officer.	( 336 ) 876-6304				
Study Area Code of Reporting Carrier	230501		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.					

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

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

Name of Reporting Carrier	Skyline Telephone Membership Corporation		
Signature of Authorized Officer		Date	
Printed name of Authorized Officer	Cindy Rothstein		
Title or position of Authorized Officer	Executive Director of Finance		
Telephone number of Authorized Officer.	336-876-6304		
Study Area Code of Reporting Carrier	230501	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017

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

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

Name of Reporting Carrier	Skyline Telephone Membership Corporation			
Signature of Authorized Officer	<i>Cindy Rothstein</i>		Date	6/2/2017
Printed name of Authorized Officer	Cindy Rothstein			
Title or position of Authorized Officer	Executive Director of Finance			
Telephone number of Authorized Officer.	336-876-6304			
Study Area Code of Reporting Carrier	230501		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.				

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


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

Name of Reporting Carrier	<b>Skyline Telephone Membership Corporation</b>			
Signature of Authorized Officer			Date	
Printed name of Authorized Officer	Cindy Rothstein			
Title or position of Authorized Officer	Executive Director of Finance			
Telephone number of Authorized Officer.	336-876-6304			
Study Area Code of Reporting Carrier	<b>230501</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b> 
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				




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

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

Name of Reporting Carrier		<b>Smart City Telecommunications LLC d/b/a Smart City Telecom</b>	
Signature of Authorized Officer		 Date 6/2/2017	
Printed name of Authorized Officer		James Schumacher	
Title or position of Authorized Officer		VP Finance & Administration	
Telephone number or Authorized Officer.		( 407 ) 828-6656 ext. _ _ _ _	
Study Area Code of Reporting Carrier	210330	Filing Due Date for this form (mm/dd/yyyy)	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.			

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

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

Name of Reporting Carrier	Smart City Telecommunications LLC d/b/a Smart City Telecom		
Signature of Authorized Officer		Date	6/2/2017
Printed name of Authorized Officer	James Schumacher		
Title or position of Authorized Officer	VP Finance & Administration		
Telephone number of Authorized Officer.	( 407 ) 828-6656 ext. _ _ _ _		
Study Area Code of Reporting Carrier	210330	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier		<b>Smart City Telecommunications LLC d/b/a Smart City Telecom</b>	
Signature of Authorized Officer		 Date 6/2/2017	
Printed name of Authorized Officer		James Schumacher	
Title or position of Authorized Officer		VP Finance & Administration	
Telephone number of Authorized Officer.		( 407 ) 828-6656 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>210330</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

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

Signature of Authorized Officer                       Date 6/2/2017

Printed name of Authorized Officer                      James Schumacher

Title or position of Authorized Officer                      VP Finance & Administration

Telephone number or Authorized Officer.                      ( 407 ) 828-6656 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>210330</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Smithville Telephone Company, Inc.**

Signature of Authorized Officer

*Rog V Thompson*

Date

06/09/2017

Printed name of Authorized Officer                      Roger V. Thompson

Title or position of Authorized Officer                      President

Telephone number of Authorized Officer.                      (662) 651-4131

Study Area Code of Reporting Carrier

**280467**


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

06/16/2017

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

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

Name of Reporting Carrier	<b>Smithville Telephone Company, Inc.</b>				
Signature of Authorized Officer				Date	06/09/2017
Printed name of Authorized Officer	Roger V. Thompson				
Title or position of Authorized Officer	President				
Telephone number of Authorized Officer.	(662) 651-4131				
Study Area Code of Reporting Carrier	<b>280467</b>		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.					

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

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

Name of Reporting Carrier                      **Smithville Telephone Company, Inc.**

Signature of Authorized Officer

*Roger V. Thompson*

Date

06/09/2017

Printed name of Authorized Officer

Roger V. Thompson

Title or position of Authorized Officer

President

Telephone number or Authorized  
Officer.

(662) 651-4131

Study Area Code of Reporting Carrier

**280467**

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

06/16/2017

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

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

Name of Reporting Carrier                      **Smithville Telephone Company, Inc.**

Signature of Authorized Officer



Date

06/09/2017

Printed name of Authorized Officer

Roger V. Thompson

Title or position of Authorized Officer

President

Telephone number or Authorized  
Officer.

(662) 651-4131

Study Area Code of Reporting Carrier

**280467**


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

**06/16/2017**

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)	
Name of Reporting Carrier	South Central Rural Telephone Cooperative	
Signature of Authorized Officer		Date 6/2/17
Printed name of Authorized Officer	Jeff Eaton	
Title or position of Authorized Officer	General Manager	

Title or position of Authorized Officer      General Manager

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

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

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

Name of Reporting Carrier	<b>South Central Rural Telephone Cooperative</b>		
Signature of Authorized Officer	<i>Jeff Eaton</i>	Date	<i>6/2/17</i>
Printed name of Authorized Officer	Jeff Eaton		
Title or position of Authorized Officer	General Manager		
Telephone number or Authorized Officer.	( ____ ) ____ ____ ext. ____		
Study Area Code of Reporting Carrier	<b>260418</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier	<b>South Central Rural Telephone Cooperative</b>					
Signature of Authorized Officer	<i>Jeff Eaton</i>				Date	6/2/17
Printed name of Authorized Officer	Jeff Eaton					
Title or position of Authorized Officer	General Manager					
Telephone number or Authorized Officer.	(     )    -    -    ext.    -    -    -    -					
Study Area Code of Reporting Carrier	<b>260418</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017		

Study Area Code of Reporting Carrier	260418		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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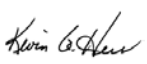
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier	<b>South Central Rural Telephone Cooperative</b>			
Signature of Authorized Officer	<i>Jeff Eaton</i>		Date	<i>6/2/17</i>
Printed name of Authorized Officer	Jeff Eaton			
Title or position of Authorized Officer	General Manager			
Telephone number or Authorized Officer.	( ____ ) ____ ext. ____			
Study Area Code of Reporting Carrier	<b>260418</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)			
Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>			
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	<b>See TDS Telecom ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**TDS Telecom Group-A**

220351 - Camden Telephone and Telegraph Company, Inc.

330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company



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

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

Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	---

Signature of Authorized Officer		Date 05/19/2017
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Printed name of Authorized Officer	Kevin G. Hess
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Title or position of Authorized Officer	Executive Vice President
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Telephone number or Authorized Officer.	(608)664-4160 ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017	

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**TDS Telecom Group-A**

220351 - Camden Telephone and Telegraph Company, Inc.

330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

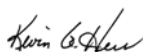
290575 – Tennessee Telephone Company

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

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Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	---

Signature of Authorized Officer	Date 05/19/2017
---------------------------------	-----------------



Printed name of Authorized Officer	Kevin G. Hess
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Title or position of Authorized Officer	Executive Vice President
---	--------------------------

Telephone number or Authorized Officer.	(608)664-4160 ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017	
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**TDS Telecom Group-A**

220351 - Camden Telephone and Telegraph Company, Inc.

330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company

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

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Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
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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 or Authorized Officer.	(608)664-4160 ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017

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**TDS Telecom Group-A**

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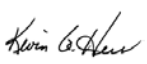
330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company

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

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

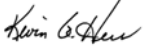
Name of Authorized Agent	John Staurulakis, Inc. (JSI)			
Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>			
Signature of Authorized Officer			Date 05/19/2017	
Printed name of Authorized Officer	Kevin G. Hess			
Title or position of Authorized Officer	Executive Vice President			
Telephone number of Authorized Officer.	(608)664-4160 ext. _ _ _ _			
Study Area Code of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**TDS Telecom-Group B**

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

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

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

Name of Reporting Carrier		<b>See TDS Telecom ILEC Listing Below</b>	
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 or Authorized Officer.		(608)664-4160 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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#### **TDS Telecom-Group B**

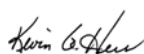
361350 Arvig Telephone Co.	220375 Nelson-Ball Ground Telephone Co.
330844 Badger Telecom, LLC	210338 Quincy (FL) Telephone Co.
220346 Blue Ridge Telephone Co.	220338 Quincy (GA) Telephone Co.
361362 Bridge Water Telephone Co.	330954 Stockbridge and Sherwood Tel. Co., LLC
330859 Central State Telephone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

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

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

Name of Reporting Carrier                      **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

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**TDS Telecom-Group B**

361350 Arvig Telephone Co.

330844 Badger Telecom, LLC

220346 Blue Ridge Telephone Co.

361362 Bridge Water Telephone Co.

330859 Central State Telephone Co., LLC

290559 Concord Telephone Exchange, Inc.

330881 Mid-Plains Telephone, LLC

361433 Mid State Telephone Company

220375 Nelson-Ball Ground Telephone Co.

210338 Quincy (FL) Telephone Co.

220338 Quincy (GA) Telephone Co.

330954 Stockbridge and Sherwood Tel. Co., LLC

462207 Strasburg Telephone Co.

290578 Tellico Telephone Co., Inc.

330963 UTELCO, LLC.



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

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

Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	---

Signature of Authorized Officer		Date 05/19/2017
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Printed name of Authorized Officer	Kevin G. Hess
------------------------------------	---------------

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

Telephone number or Authorized Officer.	(608)664-4160 ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017	
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**TDS Telecom-Group B**

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330844 Badger Telecom, LLC

220346 Blue Ridge Telephone Co.

361362 Bridge Water Telephone Co.

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290559 Concord Telephone Exchange, Inc.

330881 Mid-Plains Telephone, LLC

361433 Mid State Telephone Company

220375 Nelson-Ball Ground Telephone Co.

210338 Quincy (FL) Telephone Co.

220338 Quincy (GA) Telephone Co.

330954 Stockbridge and Sherwood Tel. Co., LLC

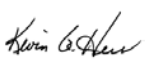
462207 Strasburg Telephone Co.

290578 Tellico Telephone Co., Inc.

330963 UTELCO, LLC.

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

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)			
Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>			
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	<b>See TDS Telecom ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**TDS Telecom-Group C**

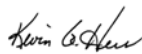
250284 - Butler Telephone Company, Inc.  
 320776 - Communications Corporation of Indiana  
 120045 - Kearsarge Telephone Co.  
 120047 - Merrimack County Telephone Co.  
 123321 - MCTA, Inc.  
 250314 - Peoples Telephone Company, Inc.  
 100024 - Somerset Telephone Company  
 452174 - Southwestern Telephone Company  
 240551 - Williston Telephone Company

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

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

Name of Reporting Carrier                      **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 05/19/2017

Printed name of Authorized Officer              Kevin G. Hess

Title or position of Authorized Officer              Executive Vice President

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

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

06/16/2017

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**TDS Telecom-Group C**

250284 - Butler Telephone Company, Inc.

320776 - Communications Corporation of Indiana

120045 - Kearsarge Telephone Co.

120047 - Merrimack County Telephone Co.

123321 - MCTA, Inc.

250314 - Peoples Telephone Company, Inc.

100024 - Somerset Telephone Company

452174 - Southwestern Telephone Company

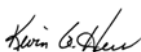
240551 - Williston Telephone Company

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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 or Authorized Officer.                      (608)664-4160 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

Filing Due Date for this form  
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**TDS Telecom-Group C**

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120045 - Kearsarge Telephone Co.  
120047 - Merrimack County Telephone Co.  
123321 - MCTA, Inc.  
250314 - Peoples Telephone Company, Inc.  
100024 - Somerset Telephone Company  
452174 - Southwestern Telephone Company  
240551 - Williston Telephone Company

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Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	---

Signature of Authorized Officer		Date 05/19/2017
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Printed name of Authorized Officer	Kevin G. Hess
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Title or position of Authorized Officer	Executive Vice President
---	--------------------------

Telephone number or Authorized Officer.	(608)664-4160 ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017	
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120047 - Merrimack County Telephone Co.

123321 - MCTA, Inc.

250314 - Peoples Telephone Company, Inc.

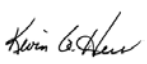
100024 - Somerset Telephone Company

452174 - Southwestern Telephone Company

240551 - Williston Telephone Company

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)			
Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>			
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	<b>See TDS Telecom ILEC Listing Below</b>		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.				

**TDS Telecom Group-D**

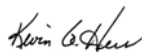
190217 - Amelia Telephone Corporation  
 452171 - Arizona Telephone Company  
 462184 - Delta County Tele-Comm, Inc.  
 260411 - Leslie County Telephone Company  
 330909 - Midway Telephone Company, LLC  
 330943 - Riverside Telecom, LLC  
 320829 - Tipton Telephone Company, Inc.  
 320830 - Tri-County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

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

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

Name of Reporting Carrier                      **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 05/19/2017

Printed name of Authorized Officer              Kevin G. Hess

Title or position of Authorized Officer              Executive Vice President

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

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

06/16/2017

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**TDS Telecom Group-D**

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



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

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

Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	---

Signature of Authorized Officer		Date 05/19/2017
---------------------------------	---	-----------------

Printed name of Authorized Officer	<b>Kevin G. Hess</b>
------------------------------------	----------------------

Title or position of Authorized Officer	<b>Executive Vice President</b>
---	---------------------------------

Telephone number or Authorized Officer.	<b>(608)664-4160 ext. _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>	
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**TDS Telecom Group-D**

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330909 - Midway Telephone Company, LLC  
330943 - Riverside Telecom, LLC  
320829 - Tipton Telephone Company, Inc.  
320830 - Tri-County Telephone Company, Inc.  
120049 - Union Telephone Company  
190253 - Virginia Telephone Company  
330968 - Waunakee Telephone Company, LLC  
120050 - Wilton Telephone Company, Inc.

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

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

Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
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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 or Authorized Officer.	(608)664-4160 ext. _ _ _ _
---	----------------------------

Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017	
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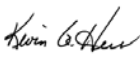
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**TDS Telecom Group-D**

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320829 - Tipton Telephone Company, Inc.  
320830 - Tri-County Telephone Company, Inc.  
120049 - Union Telephone Company  
190253 - Virginia Telephone Company  
330968 - Waunakee Telephone Company, LLC  
120050 - Wilton Telephone Company, Inc.

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)			
Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>			
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	<b>See TDS Telecom ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**TDS Telecom Group-E**

310672 – Communication Corporation of Michigan  
 150089 – Deposit Telephone Company, Inc.  
 100010 – Hampden Telephone Company  
 100011 – Hartland and St. Albans Telephone Company  
 542322 – Hornitos Telephone Co.  
 140058 - Ludlow Telephone Company  
 240533 - McClellanville Telephone Company, Inc.  
 193029 - New Castle Telephone Company  
 150118 – Port Byron Telephone Company  
 283301 – Southeast Mississippi Telephone Company, Inc.  
 240544 – St. Stephen Telephone Company  
 170206 – Sugar Valley Telephone Company  
 150133 – Vernon Telephone Company, Inc.  
 100031 – Warren Telephone Company  
 542323 – Winterhaven Telephone Company

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

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

Name of Reporting Carrier                      **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer 	Date 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	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**TDS Telecom Group-E**

310672 – Communication Corporation of Michigan

150089 – Deposit Telephone Company, Inc.

100010 – Hampden Telephone Company

100011 – Hartland and St. Albans Telephone Company

542322 – Hornitos Telephone Co.

140058 - Ludlow Telephone Company

240533 - McClellanville Telephone Company, Inc.

193029 - New Castle Telephone Company

150118 – Port Byron Telephone Company

283301 – Southeast Mississippi Telephone Company, Inc.

240544 – St. Stephen Telephone Company

170206 – Sugar Valley Telephone Company

150133 – Vernon Telephone Company, Inc.

100031 – Warren Telephone Company

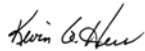
542323 – Winterhaven Telephone Company

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

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

Name of Reporting Carrier **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  
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06/16/2017

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#### **TDS Telecom Group-E**

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150089 – Deposit Telephone Company, Inc.

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193029 - New Castle Telephone Company

150118 – Port Byron Telephone Company

283301 – Southeast Mississippi Telephone Company, Inc.

240544 – St. Stephen Telephone Company

170206 – Sugar Valley Telephone Company

150133 – Vernon Telephone Company, Inc.

100031 – Warren Telephone Company

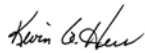
542323 – Winterhaven Telephone Company

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

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

Name of Reporting Carrier **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

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TELECOM  
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#### **TDS Telecom Group-E**

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542322 – Hornitos Telephone Co.

140058 - Ludlow Telephone Company

240533 - McClellanville Telephone Company, Inc.

193029 - New Castle Telephone Company

150118 – Port Byron Telephone Company

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240544 – St. Stephen Telephone Company

170206 – Sugar Valley Telephone Company

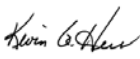
150133 – Vernon Telephone Company, Inc.

100031 – Warren Telephone Company

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)			
Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>			
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	<b>See TDS Telecom ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**TDS Telecom Group-F**

522404 – Asotin Telephone Company (WA)  
 532404 – Asotin Telephone Company (OR)  
 280448 – Calhoun City Telephone Company, Inc.  
 310685 – Chatham Telephone Company  
 320809 – Communications Corporation of Southern Indiana  
 330875 – Dickeyville Telephone, LLC  
 330914 – EastCoast Telecom of Wisconsin, LLC  
 150092 - Edwards Telephone Company, Inc.  
 320778 - Home Telephone Company, Inc. Waldron  
 290566 – Humphreys County Telephone Company  
 432010 – Mid-America Telephone, Inc.  
 287449 – Myrtle Telephone Company, Inc.  
 472230 – Potlatch Telephone Company  
 310726 – Shiawassee Telephone Company  
 330958 – Tenney Telephone Company, LLC  
 330880 – The Farmers Telephone Company, LLC  
 310738 – Wolverine Telephone Company

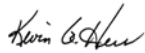


**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier                      **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 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

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**TDS Telecom Group-F**

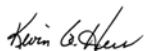
522404 – Asotin Telephone Company (WA)  
532404 – Asotin Telephone Company (OR)  
280448 – Calhoun City Telephone Company, Inc.  
310685 – Chatham Telephone Company  
320809 – Communications Corporation of Southern Indiana  
330875 – Dickeyville Telephone, LLC  
330914 – EastCoast Telecom of Wisconsin, LLC  
150092 - Edwards Telephone Company, Inc.  
320778 - Home Telephone Company, Inc. Waldron  
290566 – Humphreys County Telephone Company  
432010 – Mid-America Telephone, Inc.  
287449 – Myrtle Telephone Company, Inc.  
472230 – Potlatch Telephone Company  
310726 – Shiawassee Telephone Company  
330958 – Tenney Telephone Company, LLC  
330880 – The Farmers Telephone Company, LLC  
310738 – Wolverine Telephone Company

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

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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  
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#### **TDS Telecom Group-F**

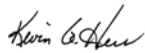
522404 – Asotin Telephone Company (WA)  
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Name of Reporting Carrier **See TDS Telecom ILEC Listing Below**

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

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#### **TDS Telecom Group-F**

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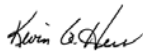
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

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

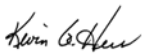
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**TDS Telecom Group-G**

300585 – Arcadia Telephone Company	140061 - Northfield Telephone Company
	300645 – Oakwood Telephone Company
330849 – Black Earth Telephone Company, LLC	150114 – Oriskany Falls Telephone Company
330851 – Bonduel Telephone Company, LLC	140062 – Perkinsville Telephone Company, Inc.
330856 – Burlington, Brighton and	260417 – Salem Telephone Company
Wheatland Telephone Company, LLC	330945 – Scandinavia Telephone Company, LLC
320744 – Camden Telephone Company, Inc.	330952 – Southeast Telephone Co. of Wisconsin, LLC
100005 - Cobbosseecontee Telephone Company	320777 – The Home Telephone Company of Pittsboro, Inc.
300607 - Continental Telephone Company	100007 – The Island Telephone Company
330930 – Grantland Telecom, LLC	320788 – The Merchants and Farmers Telephone Company
542321 – Happy Valley Telephone Company	300955 – The State Long Distance Telephone Company, LLC
310677 – Island Telephone Company	100034 – The West Penobscot Telephone and Telegraph Company
522427 – Lewis River Telephone Company, Inc.	150129 – Township Telephone Company, Inc.
260412 – Lewisport Telephone Company	361507 – Winsted Telephone Company
300613 – Little Miami Communications Corporation	
170183 – Mahanoy and Mahantango Telephone Company	
522430 – McDaniel Telephone Company	
300915 - Mosinee Telephone Company, LLC	

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

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

Name of Reporting Carrier		<b>See TDS Telecom ILEC Listing Below</b>	
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	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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#### **TDS Telecom Group-G**

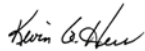
<p>300585 – Arcadia Telephone Company</p> <p>330849 – Black Earth Telephone Company, LLC</p> <p>330851 – Bonduel Telephone Company, LLC</p> <p>330856 – Burlington, Brighton and Wheatland Telephone Company, LLC</p> <p>320744 – Camden Telephone Company, Inc.</p> <p>100005 - Cobbosseecontee Telephone Company</p> <p>300607 - Continental Telephone Company</p> <p>330930 – Grantland Telecom, LLC</p> <p>542321 – Happy Valley Telephone Company</p> <p>310677 – Island Telephone Company</p> <p>522427 – Lewis River Telephone Company, Inc.</p> <p>260412 – Lewisport Telephone Company</p> <p>300613 – Little Miami Communications Corporation</p> <p>170183 – Mahanoy and Mahantango Telephone Company</p> <p>522430 – McDaniel Telephone Company</p> <p>300915 - Mosinee Telephone Company, LLC</p>	<p>140061 - Northfield Telephone Company</p> <p>300645 – Oakwood Telephone Company</p> <p>150114 – Oriskany Falls Telephone Company</p> <p>140062 – Perkinsville Telephone Company, Inc.</p> <p>260417 – Salem Telephone Company</p> <p>330945 – Scandinavia Telephone Company, LLC</p> <p>330952 – Southeast Telephone Co. of Wisconsin, LLC</p> <p>320777 – The Home Telephone Company of Pittsboro, Inc.</p> <p>100007 – The Island Telephone Company</p> <p>320788 – The Merchants and Farmers Telephone Company</p> <p>300955 – The State Long Distance Telephone Company, LLC</p> <p>100034 – The West Penobscot Telephone and Telegraph Company</p> <p>150129 – Township Telephone Company, Inc.</p> <p>361507 – Winsted Telephone Company</p>
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## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier **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

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### TDS Telecom Group-G

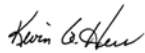
300585 – Arcadia Telephone Company	140061 - Northfield Telephone Company
	300645 – Oakwood Telephone Company
330849 – Black Earth Telephone Company, LLC	150114 – Oriskany Falls Telephone Company
330851 – Bonduel Telephone Company, LLC	140062 – Perkinsville Telephone Company, Inc.
330856 – Burlington, Brighton and	260417 – Salem Telephone Company
Wheatland Telephone Company, LLC	330945 – Scandinavia Telephone Company, LLC
320744 – Camden Telephone Company, Inc.	330952 – Southeast Telephone Co. of Wisconsin, LLC
100005 - Cobbosseecontee Telephone Company	320777 – The Home Telephone Company of Pittsboro, Inc.
300607 - Continental Telephone Company	100007 – The Island Telephone Company
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542321 – Happy Valley Telephone Company	300955 – The State Long Distance Telephone Company, LLC
310677 – Island Telephone Company	100034 – The West Penobscot Telephone and Telegraph Company
522427 – Lewis River Telephone Company, Inc.	150129 – Township Telephone Company, Inc.
260412 – Lewisport Telephone Company	361507 – Winsted Telephone Company
300613 – Little Miami Communications Corporation	
170183 – Mahanoy and Mahantango Telephone Company	
522430 – McDaniel Telephone Company	
300915 - Mosinee Telephone Company, LLC	

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

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

Name of Reporting Carrier                      **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

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**TDS Telecom Group-G**

300585 – Arcadia Telephone Company	140061 - Northfield Telephone Company
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300613 – Little Miami Communications Corporation	
170183 – Mahanoy and Mahantango Telephone Company	
522430 – McDaniel Telephone Company	
300915 - Mosinee Telephone Company, LLC	



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

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

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

Name of Reporting Carrier                      **Totah Communications, Inc.**

Signature of Authorized Officer



Date

5/31/17

Printed name of Authorized Officer

Keith Watson

Title or position of Authorized Officer

Executive VP / Controller

Telephone number of Authorized Officer.

(918) 535-2208

Study Area Code of Reporting Carrier

**432030-  
OK**

**412030-  
KS**

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.

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

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

Name of Reporting Carrier                      **Total Communications, Inc.**

Signature of Authorized Officer



Date

5/31/17

Printed name of Authorized Officer

**Keith Watson**

Title or position of Authorized Officer

**Executive VP / Controller**

Telephone number of Authorized Officer.

**(918) 535-2208**

Study Area Code of Reporting Carrier

**432030-  
OK**

**412030-  
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Filing Due Date for this form  
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier                      **Total Communications, Inc.**

Signature of Authorized Officer



Date

**5/31/17**

Printed name of Authorized Officer

**Keith Watson**

Title or position of Authorized Officer

**Executive VP / Controller**

Telephone number of Authorized Officer.

**(918) 535-2208**

Study Area Code of Reporting Carrier

**432030-  
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier                      **Total Communications, Inc.**

Signature of Authorized Officer



Date

**5/31/17**

Printed name of Authorized Officer

**Keith Watson**

Title or position of Authorized Officer

**Executive VP / Controller**

Telephone number of Authorized Officer.

**(918) 535-2208**

Study Area Code of Reporting Carrier

**432030-  
OK**

**412030-  
KS**

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

**06/16/2017**

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

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

Name of Reporting Carrier **Tri County Telephone Association, Inc.**

Signature of Authorized Officer



Date

5/30/17

Printed name of Authorized Officer

STEVEN C. HARPEL

Title or position of Authorized Officer

CF

Telephone number of Authorized Officer.

(307) 568 2427 ext. \_\_\_\_

Study Area Code of Reporting Carrier

512296

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

06/16/2017

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

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

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

Name of Reporting Carrier                      **Tri County Telephone Association, Inc.**

Signature of Authorized Officer

*St. C.*

Date

*5/30/17*

Printed name of Authorized Officer

*STEVEN C. HARRIS*

Title or position of Authorized Officer

*CFO*

Telephone number of Authorized Officer.

*(307) 568 2427* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**512296**

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

**06/16/2017**

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

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

Name of Reporting Carrier **Tri County Telephone Association, Inc.**

Signature of Authorized Officer

*St. C.*

Date

*5/30/17*

Printed name of Authorized Officer

*STEVEN C. HARPER*

Title or position of Authorized Officer

*CO*

Telephone number of Authorized Officer.

*(307) 568 2427* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**512296**

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

**06/16/2017**

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

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

Name of Reporting Carrier	<b>Tri County Telephone Association, Inc.</b>
---------------------------	---

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

*[Handwritten Signature]*

*5/30/17*

Printed name of Authorized Officer
------------------------------------



*STEVEN C. HARPER*

Title or position of Authorized Officer
---

*CFO*

Telephone number or Authorized Officer.
---

*(307) 568 2427 ext. \_\_\_\_\_*

Study Area Code of Reporting Carrier	<b>512296</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>	
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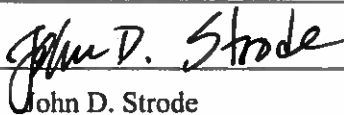
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Tri-County Telephone Company, Inc.**

Signature of Authorized Officer



Date  
June 8, 2017

Printed name of Authorized Officer

John D. Strode

Title or position of Authorized Officer      Vice President

Telephone number of Authorized Officer.      ( 870 ) 336-2345 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

401726

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.

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

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

Name of Reporting Carrier	<b>Tri-County Telephone Company, Inc.</b>
---------------------------	---

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

Date	June 8, 2017
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Printed name of Authorized Officer	<b>John D. Strode</b>
------------------------------------	-----------------------

Title or position of Authorized Officer	<b>Vice President</b>
---	-----------------------

Telephone number of Authorized Officer.	<b>(870 ) 336-2345 ext. _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>401726</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier	Tri-County Telephone Company, Inc.
---------------------------	------------------------------------

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

Date	June 8, 2017
------	--------------

Printed name of Authorized Officer	John D. Strode
------------------------------------	----------------

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

Telephone number or Authorized Officer.	( 870 ) 336-2345 ext. _ _ _ _
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Study Area Code of Reporting Carrier	401726		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017	
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier	<b>Tri-County Telephone Company, Inc.</b>
---------------------------	---

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

Date	June 8, 2017
------	--------------

Printed name of Authorized Officer	John D. Strode
------------------------------------	----------------

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

Telephone number or Authorized Officer.	( 870 ) 336-2345 ext. _ _ _ _
---	-------------------------------

Study Area Code of Reporting Carrier	401726		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017	
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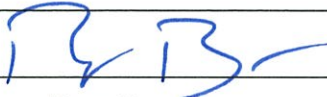
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Webb-Dickens Telephone Corporation**

Signature of Authorized Officer



Date    6/9/17

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer

COO

Telephone number of Authorized Officer.

(712) 722-3451    ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**351327**

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

06/16/2017

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

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

Name of Reporting Carrier	<b>Webb-Dickens Telephone Corporation</b>
---------------------------	---

Signature of Authorized Officer		Date 6/9/17
---------------------------------	---	-------------

Printed name of Authorized Officer	Ryan Boone
------------------------------------	------------

Title or position of Authorized Officer	COO
---	-----

Telephone number or Authorized Officer.	(712) 722-3451 ext. _ _ _ _
---	-----------------------------

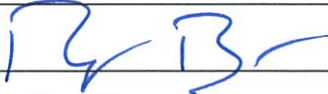
Study Area Code of Reporting Carrier	351327		Filing Due Date for this form (mm/dd/yyyy)	06/16/2017	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier	<b>Webb-Dickens Telephone Corporation</b>		
Signature of Authorized Officer		Date	6/9/17
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	COO		
Telephone number or Authorized Officer.	(712) 722-3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>351327</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier	<b>Webb-Dickens Telephone Corporation</b>
---------------------------	---

Signature of Authorized Officer		Date 6/9/17
---------------------------------	---	-------------

Printed name of Authorized Officer	<b>Ryan Boone</b>
------------------------------------	-------------------

Title or position of Authorized Officer	<b>COO</b>
---	------------

Telephone number or Authorized Officer.	<b>(712) 722-3451</b> ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>351327</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>	
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Wilkes Telephone & Electric Company, Inc.		
Signature of Authorized Officer	<i>April Dyson</i>	Date	06/08/2017
Printed name of Authorized Officer	April Dyson		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	( 706 ) 678 9531 ext. _____		
Study Area Code of Reporting Carrier	220394	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.

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

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

Name of Reporting Carrier		<b>Wilkes Telephone &amp; Electric Company, Inc.</b>	
Signature of Authorized Officer		<i>April Dyson</i>	Date 06/08/2017
Printed name of Authorized Officer		April Dyson	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer.		( 706 ) 678 9531 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>220394</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier		<b>Wilkes Telephone &amp; Electric Company, Inc.</b>	
Signature of Authorized Officer		<i>April Dyson</i>	Date 06/08/2017
Printed name of Authorized Officer		April Dyson	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer.		( 706 ) 678 9531 ext. _____	
Study Area Code of Reporting Carrier	<b>220394</b>	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.			



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

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

Name of Reporting Carrier		<b>Wilkes Telephone &amp; Electric Company, Inc.</b>	
Signature of Authorized Officer		<i>April Dyson</i>	Date 06/08/2017
Printed name of Authorized Officer		April Dyson	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer.		( 706 ) 678 9531 ext. _____	
Study Area Code of Reporting Carrier	220394	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

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

Signature of Authorized Officer



Date

5/31/17

Printed name of Authorized Officer                      Mark Thoma

Title or position of Authorized Officer                      General Manager

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

Study Area Code of Reporting Carrier

**351337-  
IA**

**361337-  
MN**

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

06/16/2017

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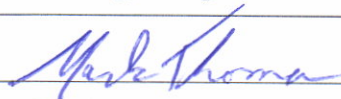
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier

**Winnebago Cooperative Telecom Association**

Signature of Authorized Officer



Date

**5/31/17**

Printed name of Authorized Officer

Mark Thoma

Title or position of Authorized Officer

General Manager

Telephone number of Authorized Officer.

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

Study Area Code of Reporting Carrier

**351337-  
IA**

**361337-  
MN**

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

**06/16/2017**

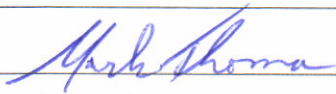
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

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

Signature of Authorized Officer



Date

5/31/17

Printed name of Authorized Officer

Mark Thoma

Title or position of Authorized Officer

General Manager

Telephone number of Authorized Officer.

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

Study Area Code of Reporting Carrier

**351337-  
IA**

**361337-  
MN**

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

06/16/2017

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

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

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

Signature of Authorized Officer



Date

*5/31/17*

Printed name of Authorized Officer

Mark Thoma

Title or position of Authorized Officer

General Manager

Telephone number of Authorized Officer.

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

Study Area Code of Reporting Carrier

**351337-  
IA**

**361337-  
MN**

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

**06/16/2017**

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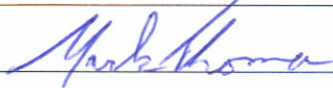
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

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

Signature of Authorized Officer



Date

5/31/17

Printed name of Authorized Officer                      Mark Thoma

Title or position of Authorized Officer                      General Manager

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

Study Area Code of Reporting Carrier                      **351338**

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

June 16, 2017

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

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

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

Signature of Authorized Officer



Date

*5/31/17*

Printed name of Authorized Officer

Mark Thoma

Title or position of Authorized Officer

General Manager

Telephone number of Authorized Officer.

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

Study Area Code of Reporting Carrier

**351338**

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

June 16, 2017

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

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

Name of Reporting Carrier	<b>Winnebago Cooperative Telecom Association-LB</b>
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Signature of Authorized Officer		Date	<b>5/31/17</b>
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Printed name of Authorized Officer	<b>Mark Thoma</b>
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Title or position of Authorized Officer	<b>General Manager</b>
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Telephone number or Authorized Officer.	<b>( 641 ) 592-6105 ext. _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>351338</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2017</b>	
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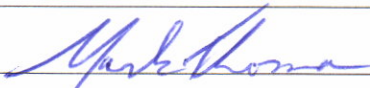
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier

**Winnebago Cooperative Telecom Association-LB**

Signature of Authorized Officer



Date

*5/31/17*

Printed name of Authorized Officer

Mark Thoma

Title or position of Authorized Officer

General Manager

Telephone number of Authorized Officer.

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

Study Area Code of Reporting Carrier

**351338**

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

June 16, 2017

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

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

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

Signature of Authorized Officer

*Mitzie S. Branon*

Date: 06/09/2017

Printed name of Authorized Officer:      **Mitzie S. Branon**

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

Telephone number or Authorized  
Officer.

**( 336 ) 463-5036** ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**230511**

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

**06/16/2017**

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

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

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

Signature of Authorized Officer

*Mitzie S. Branon*

Date: 06/06/2017

Printed name of Authorized Officer:              Mitzie S. Branon

Title or position of Authorized Officer      Chief Executive Officer

Telephone number or Authorized  
Officer.

( 336 ) 463-5036 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**230511**

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

06/16/2017

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

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



Name of Reporting Carrier	<b>Yadkin Valley Telephone Membership Corporation</b>
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Signature of Authorized Officer		Date: 06/09/2017
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Printed name of Authorized Officer:	<b>Mitzie S. Branon</b>
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Title or position of Authorized Officer	<b>Chief Executive Officer</b>
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Telephone number or Authorized Officer.	<b>( 336 ) 463-5036 ext. _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>230511</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2017</b>	
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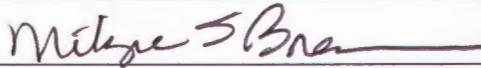
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

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

Signature of Authorized Officer



Date: 06/09/2017

Printed name of Authorized Officer:                      Mitzie S. Branon

Title or position of Authorized Officer                      Chief Executive Officer

Telephone number of Authorized Officer.                      ( 336 ) 463-5036      ext.     

Study Area Code of Reporting Carrier

**230511**

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

**06/16/2017**

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