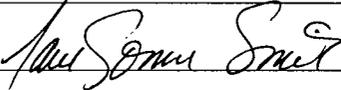


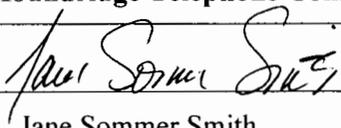
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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. | | | |

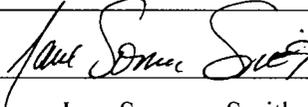
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 | 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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 | | 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 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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **Mt. Horeb Telephone Co.**

Signature of Authorized Officer *John Klarer* 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 | | Mt. Horeb Telephone Co. | |
| 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>(808) 437 5551 ext. ----</i> | | |
| 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 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 | | Mt. Horeb Telephone Co. | |
| 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 of Authorized Officer. | <i>(608) 437 5557 ext. ----</i> | | |
| 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 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 | | Mt. Horeb Telephone Co. | |
| 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 or Authorized Officer. | | <i>(608) 437 5551 ext. _____</i> | |
| Study Area Code of Reporting Carrier | 330916 | 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 **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 of 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 |
|--------------------------------------|---------------|---|------------|

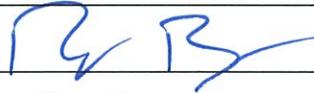
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **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 of 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

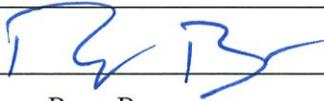
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **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 **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 of 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
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

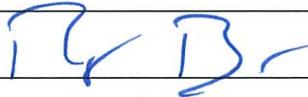
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **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

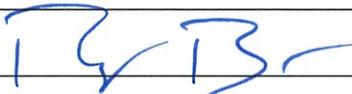
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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
(mm/dd/yyyy)

06/16/2017

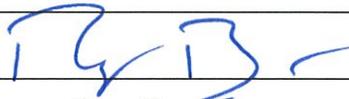
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 | 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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 | 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 |

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

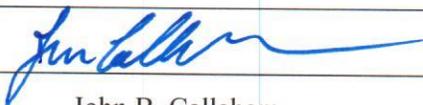
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2017

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

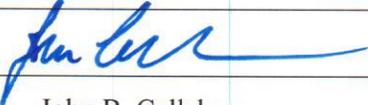
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 or 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 | Pine Telephone Company | | |
| Signature of Authorized Officer |  | Date | |
| Printed name of Authorized Officer | John B. Callahan | | |
| 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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**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 *[Handwritten Signature]* 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 as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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

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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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

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 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 | <i>Dustin Darden</i> | Date | <i>6/8/17</i> |
| Printed name of Authorized Officer | <i>Dustin Darden</i> | | |
| Title or position of Authorized Officer | <i>Executive VP</i> | | |
| Telephone number of Authorized Officer. | <i>(912) 685 2121</i> 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
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 | <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 of Authorized Officer. | (620) 356-3211 | | |
| Study Area Code of Reporting Carrier | 411817 | 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 | The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications | | |
| Signature of Authorized Officer |  | Date | 5/31/2017 |
| 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 | 411817 | 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 | The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications | | | |
| 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 | 411817 | 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 | The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications | | |
| 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 | 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 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 |

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **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 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 | | 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 **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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 | | 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 |

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

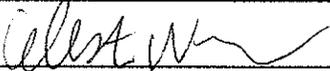
| | | | |
|--|-------------------------------|--|------------|
| Name of Reporting Carrier | | Ringgold Telephone Company | |
| Signature of Authorized Officer | <i>Celeste Weaver</i> | Date | 06/08/2017 |
| Printed name of Authorized Officer | Celeste Weaver | | |
| Title or position of Authorized Officer | 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 | <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 as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 | <i>Cindy Rothstein</i> | Date | <i>6/2/2017</i> |
| 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 | <i>6/2/2017</i> |
| 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 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 | Skyline Telephone Membership Corporation | | |
| Signature of Authorized Officer | <i>Cindy Rothstein</i> | Date | <i>6/2/2017</i> |
| 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 | 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 |

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

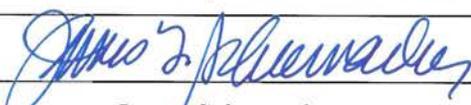
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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

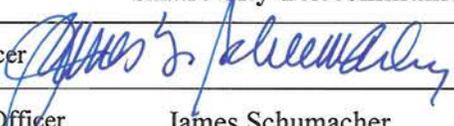
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

| | | | |
|---|--|--|------------|
| Name of Reporting Carrier | 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 | 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
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 | 210330 | 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

Roger 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

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

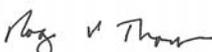
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 | Smithville Telephone Company, Inc. | | | |
| Signature of Authorized Officer | <i>Roger V. Thompson</i> | 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 for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

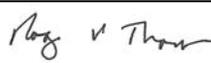
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

| | | | |
|---|---|--|------------|
| Name of Reporting Carrier | Smithville Telephone Company, Inc. | | |
| Signature of Authorized Officer |  | 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 | | |
| Telephone number of Authorized Officer. | (___) ___ - ___ ext. ___ | | |
| Study Area Code of Reporting Carrier | 260418 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2017 |

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| | | | |
|---|------------------------------|--|-------------------|
| Name of Reporting Carrier | | South Central Rural Telephone Cooperative | |
| 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 of Authorized Officer. | (____) ____ ____ ext. ____ | | |
| 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 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 | | South Central Rural Telephone Cooperative | |
| 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 of Authorized Officer. | | (____) _____ ext. _____ | |
| Study Area Code of Reporting Carrier | 260418 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2017 |

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| | | | | |
|---|--|--|--|-------------------|
| Name of Reporting Carrier | South Central Rural Telephone Cooperative | | | |
| 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 of Authorized Officer. | (___) ___ - ___ ext. ___ | | | |
| Study Area Code of Reporting Carrier | 260418 | | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2017 |

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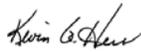
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **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-A

220351 - Camden Telephone and Telegraph Company, Inc.

330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

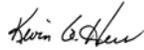
290575 – Tennessee Telephone Company

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 **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-A

220351 - Camden Telephone and Telegraph Company, Inc.

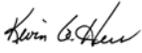
330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 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-A

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330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

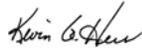
290575 – Tennessee Telephone Company

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

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 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-A

220351 - Camden Telephone and Telegraph Company, Inc.

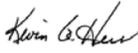
330917 – Mt Vernon Telephone Company, LLC

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**Certification of Officer
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 | 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

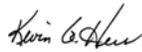
- | | |
|---|---|
| 361350 Arvig Telephone Co. | 220375 Nelson-Ball Ground Telephone Co. |
| 330844 Badger Telecom, LLC | 210338 Quincy (FL) Telephone Co. |
| 220346 Blue Ridge Telephone Co. | 220338 Quincy (GA) Telephone Co. |
| 361362 Bridge Water Telephone Co. | 330954 Stockbridge and Sherwood Tel. 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 as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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

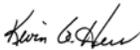
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TDS Telecom-Group B

- | | |
|---|---|
| 361350 Arvig Telephone Co. | 220375 Nelson-Ball Ground Telephone Co. |
| 330844 Badger Telecom, LLC | 210338 Quincy (FL) Telephone Co. |
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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 B

- | | |
|---|---|
| 361350 Arvig Telephone Co. | 220375 Nelson-Ball Ground Telephone Co. |
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative 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 or Authorized Officer. **(608)664-4160 ext. _ _ _ _**

Study Area Code of Reporting Carrier

**See TDS
TELECOM
ILEC Listing
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Filing Due Date for this form
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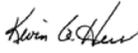
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TDS Telecom-Group B

- | | |
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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. _ _ _ _ | | |
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TDS Telecom-Group C

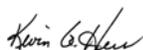
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- 320776 - Communications Corporation of Indiana
- 120045 - Kearsarge Telephone Co.
- 120047 - Merrimack County Telephone Co.
- 123321 - MCTA, Inc.
- 250314 - Peoples Telephone Company, Inc.
- 100024 - Somerset Telephone Company
- 452174 - Southwestern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

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I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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

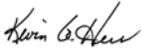
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TDS Telecom-Group C

- 250284 - Butler Telephone Company, Inc.
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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 ILEC Listing Below | | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2017 | |
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TDS Telecom-Group C

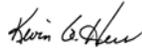
- 250284 - Butler Telephone Company, Inc.
- 320776 - Communications Corporation of Indiana
- 120045 - Kearsarge Telephone Co.
- 120047 - Merrimack County Telephone Co.
- 123321 - MCTA, Inc.
- 250314 - Peoples Telephone Company, Inc.
- 100024 - Somerset Telephone Company
- 452174 - Southwestern Telephone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

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 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

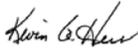
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TDS Telecom-Group C

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- 100024 - Somerset Telephone Company
- 452174 - Southwestern 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 | 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-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

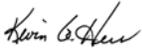
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 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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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 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

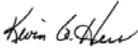
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- 330968 - Waunakee Telephone Company, LLC
- 120050 - Wilton Telephone Company, Inc.

**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 | 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-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.

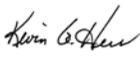
| | | | |
|--|---|---|------------|
| Name of Reporting Carrier | | See TDS Telecom ILEC Listing Below | |
| Signature of Authorized Officer | | Date 05/19/2017 | |
| Printed name of Authorized Officer | | Kevin G. Hess | |
| Title or position of Authorized Officer | | Executive Vice President | |
| Telephone number of Authorized Officer. | | (608)664-4160 ext. _____ | |
| Study Area Code of Reporting Carrier | See TDS TELECOM ILEC Listing Below | 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 | | 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 |

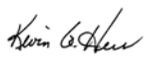
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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| | | | |
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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 | |
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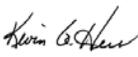
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the 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 | 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 as to the Accuracy of the CAF ICC Data Reported

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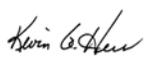
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| Name of Reporting Carrier | | See TDS Telecom ILEC Listing Below | |
| Signature of Authorized Officer | | Date 05/19/2017 | |
| Printed name of Authorized Officer | | Kevin G. Hess | |
| Title or position of Authorized Officer | | Executive Vice President | |
| Telephone number of Authorized Officer. | | (608)664-4160 ext. _____ | |
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| | | | |
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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 | |
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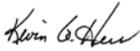
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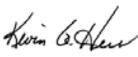
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| Telephone number of Authorized Officer. | | (608)664-4160 ext. _ _ _ _ | |
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| | | | |
|---|---|---|------------|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) | | |
| Name of Reporting 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. _ _ _ _ | | |
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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 Wheatland Telephone Company, LLC | 260417 – Salem Telephone Company |
| 320744 – Camden Telephone Company, Inc. | 330945 – Scandinavia Telephone Company, LLC |
| 100005 - Cobbosseecontee Telephone Company | 330952 – Southeast Telephone Co. of Wisconsin, LLC |
| 300607 - Continental Telephone Company | 320777 – The Home Telephone Company of Pittsboro, Inc. |
| 330930 – Grantland Telecom, LLC | 100007 – The Island Telephone Company |
| 542321 – Happy Valley Telephone Company | 320788 – The Merchants and Farmers Telephone Company |
| 310677 – Island Telephone Company | 300955 – The State Long Distance Telephone Company, LLC |
| 522427 – Lewis River Telephone Company, Inc. | 100034 – The West Penobscot Telephone and Telegraph Company |
| 260412 – Lewisport Telephone Company | 150129 – Township Telephone Company, Inc. |
| 300613 – Little Miami Communications Corporation | 361507 – Winsted Telephone Company |
| 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.

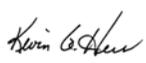
| | | | |
|--|---|---|------------|
| Name of Reporting Carrier | | See TDS Telecom ILEC Listing Below | |
| Signature of Authorized Officer | | Date 05/19/2017 | |
| Printed name of Authorized Officer | | Kevin G. Hess | |
| Title or position of Authorized Officer | | Executive Vice President | |
| Telephone number of Authorized Officer. | | (608)664-4160 ext. _ _ _ _ | |
| Study Area Code of Reporting Carrier | See TDS TELECOM ILEC Listing Below | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TDS Telecom Group-G

- | | |
|---|---|
| 300585 – Arcadia Telephone Company | 140061 - Northfield Telephone Company |
| | 300645 – Oakwood Telephone Company |
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| 300607 - Continental Telephone Company | 320777 – The Home Telephone Company of Pittsboro, Inc. |
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| 170183 – Mahanoy and Mahantango Telephone Company | |
| 522430 – McDaniel Telephone Company | |
| 300915 - Mosinee Telephone Company, LLC | |

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 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-G

- | | |
|---|---|
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| | 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 Wheatland Telephone Company, LLC | 260417 – Salem Telephone Company |
| 320744 – Camden Telephone Company, Inc. | 330945 – Scandinavia Telephone Company, LLC |
| 100005 - Cobbosseecontee Telephone Company | 330952 – Southeast Telephone Co. of Wisconsin, LLC |
| 300607 - Continental Telephone Company | 320777 – The Home Telephone Company of Pittsboro, Inc. |
| 330930 – Grantland Telecom, LLC | 100007 – The Island Telephone Company |
| 542321 – Happy Valley Telephone Company | 320788 – The Merchants and Farmers Telephone Company |
| 310677 – Island Telephone Company | 300955 – The State Long Distance Telephone Company, LLC |
| 522427 – Lewis River Telephone Company, Inc. | 100034 – The West Penobscot Telephone and Telegraph Company |
| 260412 – Lewisport Telephone Company | 150129 – Township Telephone Company, Inc. |
| 300613 – Little Miami Communications Corporation | 361507 – Winsted Telephone Company |
| 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

- | | |
|---|---|
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| 330851 – Bonduel Telephone Company, LLC | 140062 – Perkinsville Telephone Company, Inc. |
| 330856 – Burlington, Brighton and Wheatland Telephone Company, LLC | 260417 – Salem Telephone Company |
| 320744 – Camden Telephone Company, Inc. | 330945 – Scandinavia Telephone Company, LLC |
| 100005 - Cobbosseecontee Telephone Company | 330952 – Southeast Telephone Co. of Wisconsin, LLC |
| 300607 - Continental Telephone Company | 320777 – The Home Telephone Company of Pittsboro, Inc. |
| 330930 – Grantland Telecom, LLC | 100007 – The Island Telephone Company |
| 542321 – Happy Valley Telephone Company | 320788 – The Merchants and Farmers Telephone Company |
| 310677 – Island Telephone Company | 300955 – The State Long Distance Telephone Company, LLC |
| 522427 – Lewis River Telephone Company, Inc. | 100034 – The West Penobscot Telephone and Telegraph Company |
| 260412 – Lewisport Telephone Company | 150129 – Township Telephone Company, Inc. |
| 300613 – Little Miami Communications Corporation | 361507 – Winsted Telephone Company |
| 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 **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 | | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2017 | |
| | 412030-KS | | | | |

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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-
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 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-
OK**

**412030-
KS**

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 | | 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 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2017 |
| | 412030-KS | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 | | Tri County Telephone Association, Inc. | |
| Signature of Authorized Officer | | Date <u>5/30/17</u> | |
| Printed name of Authorized Officer | | <u>STEVEN C. HARPEL</u> | |
| Title or position of Authorized Officer | | <u>CF</u> | |
| Telephone number of Authorized Officer. | | <u>(307) 568 2427</u> ext. <u> </u> | |
| Study Area Code of Reporting Carrier | 512296 | 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 | Tri County Telephone Association, Inc. | | |
| Signature of Authorized Officer |  | Date | 5/30/17 |
| Printed name of Authorized Officer | STEVEN C. HARPA | | |
| 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 |

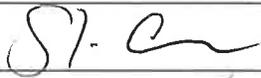
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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



Date

5/30/17

Printed name of Authorized Officer

STEVEN C. HARPEL

Title or position of Authorized Officer

CEO

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 **Tri County Telephone Association, Inc.**

Signature of Authorized Officer



Date

5/30/17

Printed name of Authorized Officer

STEVEN C. HARPU

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(307) 568 2427 ext. _____

Study Area Code of Reporting Carrier

512296

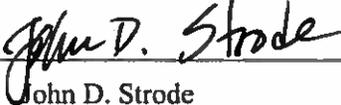
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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 |

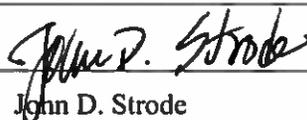
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 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

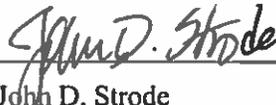
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2017

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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 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 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 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 |
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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)

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

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

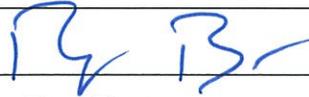
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

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

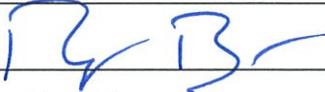
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2017

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Certification of Officer 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 | 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 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 |

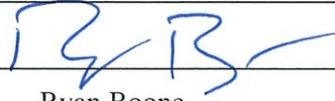
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **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
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 | | 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 or 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 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 | | 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 |
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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 | | 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. | | (<u>706</u>) <u>678</u> <u>9531</u> 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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **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

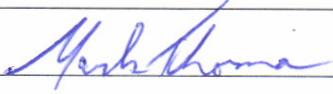
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 or 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 | Winnebago Cooperative Telecom Association-LB | | |
| Signature of Authorized Officer |  | Date | <i>5/31/17</i> |
| 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 **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

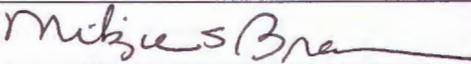
Filing Due Date for this form
(mm/dd/yyyy)

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 |  | 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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 | | Yadkin Valley Telephone Membership Corporation | |
| Signature of Authorized Officer |  | 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 |

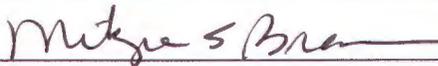
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **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 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
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 **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 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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