

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 Albany Mutual Telephone Association				
Signature of authorized officer 			Date	5/18/2017
Printed name of authorized officer Steven W. Katka				
Title or position of authorized officer CEO/General Manager				
Telephone number of authorized officer: (320) 845-2101 ext.				
Study Area Code of Reporting Carrier	361347		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

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<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: WILDERNESS VALLEY</p>					
<p>Signature of Authorized Officer or employee: Robert Riddell</p>				<p>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlcwb.net,O=wilderness valley, Date:5/22/2017</p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: Robert Riddell</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 218-488-6565</p>					
Study Area Code of Reporting Carrier	361348		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier: CITY OF BARNESVILLE					
Signature of Authorized Officer or employee: Guy Swenson				<small>Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=gswenson@bvillemn.net,O=city of barnesville,l=Barnesville MN 56514, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: Guy Swenson					
Title or position of Authorized Officer or employee: TEC Manager					
Telephone number of Authorized Officer or employee: 218-354-2292					
Study Area Code of Reporting Carrier	361353		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: BENTON COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Cheryl Scapanski</p>				<p>Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop tel co, Inc., Date:5/25/2017</p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Cheryl Scapanski</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 320-393-2115</p>					
Study Area Code of Reporting Carrier	361356		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>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).</p>					
<p>Name of Reporting Carrier: CALLAWAY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Staci Malikowski</p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel co, Inc., Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Staci Malikowski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 218-346-8498</p>					
Study Area Code of Reporting Carrier	361365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>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).</p>					
<p>Name of Reporting Carrier: CLARA CITY TEL EXCH</p>					
<p>Signature of Authorized Officer or employee: Bruce Hanson</p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel exch,lc= , Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Bruce Hanson</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 320-847-2211</p>					
Study Area Code of Reporting Carrier	361370		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: CLEMENTS TEL CO</p>					
<p>Signature of Authorized Officer or employee: Staci Malikowski</p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co,lc= , Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Staci Malikowski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 218-346-8498</p>					
Study Area Code of Reporting Carrier	361372		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier					CONSOLIDATED TELEPHONE COMPANY - MN					
Signature of authorized officer							Date		05/18/2017	
Printed name of authorized officer				Kevin T Larson						
Title or position of authorized officer				CEO/General Manager						
Telephone number of authorized officer:				(218) 454-1101 ext.						
Study Area Code of Reporting Carrier			361373		Filing Due Date for this form (mm/dd/yyyy)		6/16/2017			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>										


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<p>Name of Reporting Carrier: DUNNELL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Charles Mattingly</p>				<p><small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=dunnell tel co,l=Judson TX 75660, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Charles Mattingly</p>					
<p>Title or position of Authorized Officer or employee: Managing Member</p>					
<p>Telephone number of Authorized Officer or employee: 903-663-0099</p>					
Study Area Code of Reporting Carrier	361381		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier Eckles Telephone Company			
Signature of authorized officer 			Date 5/30/2017
Printed name of authorized officer William Eckles			
Title or position of authorized officer President			
Telephone number of authorized officer: (507) 526-3252			
Study Area Code of Reporting Carrier	361386	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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Name of Reporting Carrier: EMILY COOP TEL CO					
Signature of Authorized Officer or employee: Josh Netland				<small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop tel co,l=Emily MN 56447, Date:5/25/2017</small> Date: 5/25/2017	
Printed name of Authorized Officer or employee: Josh Netland					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 218-763-3000					
Study Area Code of Reporting Carrier	361387		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

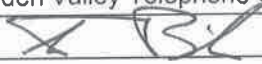
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I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: FARMERS MUTUAL TEL					
Signature of Authorized Officer or employee: Kevin Beyer				Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel, Date:5/25/2017	
				Date: 5/25/2017	
Printed name of Authorized Officer or employee: Kevin Beyer					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 320-568-2105					
Study Area Code of Reporting Carrier	361389		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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<p>Name of Reporting Carrier: FEDERATED TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Kevin Beyer</p>				<p>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel coop,l=Chokio MN 56221, Date:5/26/2017</p>	
				<p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Kevin Beyer</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 320-324-7111</p>					
Study Area Code of Reporting Carrier	361390		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

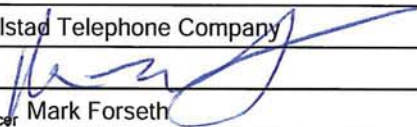
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I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier: Garden Valley Telephone Company			
Signature of authorized officer: 		Date:	May 16, 2017
Printed name of authorized officer: Tim Brinkman			
Title or position of authorized officer: CEO/General Manager			
Telephone number of authorized officer: (218) 687-2400 ext. 200			
Study Area Code of Reporting Carrier:	361395	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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<p>Name of Reporting Carrier: GARDONVILLE COOP TEL</p>					
<p>Signature of Authorized Officer or employee: David Wolf</p>				<p>Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop tel, Date:5/19/2017</p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: David Wolf</p>					
<p>Title or position of Authorized Officer or employee: CEO and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 320-524-2211</p>					
Study Area Code of Reporting Carrier	361396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier Halstad Telephone Company			
Signature of authorized officer 		Date	05/19/2017
Printed name of authorized officer Mark Forseth			
Title or position of authorized officer CEO			
Telephone number of authorized officer: (218) 456-2125 ext.			
Study Area Code of Reporting Carrier	361401	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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<p>Name of Reporting Carrier: FEDERATED TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Kevin Beyer</p>				<p>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel coop,l=Chokio MN 56221, Date:5/26/2017</p>	
				<p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Kevin Beyer</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 320-324-7111</p>					
Study Area Code of Reporting Carrier	361403		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: HARMONY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Jill Fishbaugher</p>				<p>Digitally signed by Jill Fishbaugher DN:cn=Jill Fishbaugher,email=jill@harmonytel.com,O=harmony tel co,l=Harmony MN 55939-0308, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Jill Fishbaugher</p>					
<p>Title or position of Authorized Officer or employee: VP of Operations</p>					
<p>Telephone number of Authorized Officer or employee: 507-886-2525</p>					
Study Area Code of Reporting Carrier	361404		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: ALLIANCE-HILLS MN</p>					
<p>Signature of Authorized Officer or employee: Kari Flanagan</p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills mn,l=Garretson SD 57030, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Kari Flanagan</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 605-594-8228</p>					
Study Area Code of Reporting Carrier	361405		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier: HOME TEL CO - MN					
Signature of Authorized Officer or employee: Staci Malikowski				Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel co - mn,lc= , Date:5/18/2017	
				Date: 5/18/2017	
Printed name of Authorized Officer or employee: Staci Malikowski					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 218-346-8498					
Study Area Code of Reporting Carrier	361408		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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<p>Name of Reporting Carrier: HUTCHINSON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Curt Kawlewski</p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson tel co, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Curt Kawlewski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-233-4172</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>361409</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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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 Johnson Telephone Company			
Signature of authorized officer <i>Donna Gunderson</i>		Date	5/26/2017
Printed name of authorized officer Donna Gunderson			
Title or position of authorized officer Corporate Secretary			
Telephone number of authorized officer: (218) 566-2302			
Study Area Code of Reporting Carrier	361410	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: KASSON & MANTORVILLE</p>					
<p>Signature of Authorized Officer or employee: Beth Tollefson</p>				<p><small>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson & mantorville,lc= , Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Beth Tollefson</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-634-2511</p>					
Study Area Code of Reporting Carrier	361412		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LISMORE COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tarri Joens</p>				<p>Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretel.com,O=lismore coop tel co,l=Lismore MN 56155-0127, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Tarri Joens</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 507-472-8748</p>					
Study Area Code of Reporting Carrier	361419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: LONSDALE TEL CO					
Signature of Authorized Officer or employee: Bonnie Simon				Digitally signed by Bonnie Simon DN:cn=Bonnie Simon,email=bsimon@lonsdaletel.com,O=lonsdale tel co,l=Lonsdale MN 55046, Date:5/17/2017	
				Date: 5/17/2017	
Printed name of Authorized Officer or employee: Bonnie Simon					
Title or position of Authorized Officer or employee: Secretary					
Telephone number of Authorized Officer or employee: 507-744-2311					
Study Area Code of Reporting Carrier	361422		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Runestone Telephone Association			
Signature of authorized officer <i>John M. Kapphahn</i>		Date	5-19-2017
Printed name of authorized officer John Kapphahn			
Title or position of authorized officer Secretary/Treasurer			
Telephone number of authorized officer: (320) 986-2013 ext.			
Study Area Code of Reporting Carrier	361423	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MABEL COOP TEL - MN</p>					
<p>Signature of Authorized Officer or employee: Julie Kolka</p>				<p>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabtel.coop,O=mabel coop tel - mn,l=Mabel MN 55954, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Julie Kolka</p>					
<p>Title or position of Authorized Officer or employee: Interim General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 507-493-5411</p>					
Study Area Code of Reporting Carrier	361424		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CHRISTENSEN COMM CO</p>					
<p>Signature of Authorized Officer or employee: Brent Christensen</p>				<p>Digitally signed by Brent Christensen DN:cn=Brent Christensen,email=brentc@chriscomco.net,O=christensen comm co,l= , Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Brent Christensen</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 507-642-5514</p>					
Study Area Code of Reporting Carrier	361425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Manchester-Hartland Telephone				
Signature of authorized officer <i>Phillip Morreim</i>			Date	05/19/2017
Printed name of authorized officer Phillip Morreim				
Title or position of authorized officer President				
Telephone number of authorized officer: (507) 826-3212				
Study Area Code of Reporting Carrier	361426	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MELROSE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Staci Malikowski</p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose tel co, Inc., Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Staci Malikowski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 218-346-8498</p>					
Study Area Code of Reporting Carrier	361430		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MIDWEST TEL CO</p>					
<p>Signature of Authorized Officer or employee: Staci Malikowski</p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel co,lc= , Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Staci Malikowski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 218-346-8498</p>					
Study Area Code of Reporting Carrier	361431		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: MINNESOTA VALLEY TEL					
Signature of Authorized Officer or employee: Danny Busche				Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=minnesota valley tel,l=Franklin MN 55333, Date:5/18/2017	
				Date: 5/18/2017	
Printed name of Authorized Officer or employee: Danny Busche					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 507-557-2275					
Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NEW ULM TELECOM, INC</p>					
<p>Signature of Authorized Officer or employee: Curt Kawlewski</p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Curt Kawlewski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-233-4172</p>					
Study Area Code of Reporting Carrier	361442		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LORETEL SYSTEMS, INC</p>					
<p>Signature of Authorized Officer or employee: Staci Malikowski</p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Staci Malikowski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 218-346-8498</p>					
Study Area Code of Reporting Carrier	361443		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PARK REGION MUTUAL</p>					
<p>Signature of Authorized Officer or employee: Dave Bickett</p>				<p>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual,l=Underwood MN 56586-0277, Date:5/16/2017</p>	
				<p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Dave Bickett</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 218-826-6161</p>					
Study Area Code of Reporting Carrier	361450		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PAUL BUNYAN RURAL</p>					
<p>Signature of Authorized Officer or employee: Dave Schultz</p>				<p>Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural, = , Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Dave Schultz</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 218-444-1141</p>					
Study Area Code of Reporting Carrier	361451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: REDWOOD COUNTY TEL</p>					
<p>Signature of Authorized Officer or employee: Staci Malikowski</p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel, Date:5/18/2017</p>	
				<p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Staci Malikowski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 218-346-8498</p>					
Study Area Code of Reporting Carrier	361472		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: ROTHSAY TEL CO, INC					
Signature of Authorized Officer or employee: Dave Bickett				Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@ptel.com,O=rothsay tel co, inc,l=Underwood MN 56586-0277, Date:5/16/2017	
				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Dave Bickett					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 218-826-6161					
Study Area Code of Reporting Carrier	361474		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

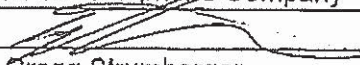
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: Runestone Telephone Association			
Signature of authorized officer: <i>John M. Kapphahn</i>		Date: 5-19-2017	
Printed name of authorized officer: John Kapphahn			
Title or position of authorized officer: Secretary/Treasurer			
Telephone number of authorized officer: (320) 986-2013 ext.			
Study Area Code of Reporting Carrier	361475	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: SACRED HEART TEL CO					
Signature of Authorized Officer or employee: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel co,lc= , Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: Bruce Hanson					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 320-847-2211					
Study Area Code of Reporting Carrier	361476		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<p>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</p> <p>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).</p>			
<p>Name of Reporting Carrier Scott Rice Telephone Company</p>			
<p>Signature of authorized officer </p>		<p>Date 5/24/17</p>	
<p>Printed name of authorized officer Gregg Strumberger</p>			
<p>Title or position of authorized officer Assistant Secretary</p>			
<p>Telephone number of authorized officer: (303) 381-4666</p>			
<p>Study Area Code of Reporting Carrier 361479</p>		<p>Filing Due Date for this form (mm/dd/yyyy) 6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SLEEPY EYE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Curt Kawlewski</p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel co, Date:5/18/2017</p>	
				<p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Curt Kawlewski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-233-4172</p>					
Study Area Code of Reporting Carrier	361483		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SPRING GROVE COMM.</p>					
<p>Signature of Authorized Officer or employee: Craig Otterness</p>				<p><small>Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove comm.,l=Spring Grove MN 55974-0516, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Craig Otterness</p>					
<p>Title or position of Authorized Officer or employee: GM/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 507-498-3456</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>361485</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: STARBUCK TEL CO</p>					
<p>Signature of Authorized Officer or employee: Bruce Hanson</p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel co,lc= , Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Bruce Hanson</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 320-847-2211</p>					
Study Area Code of Reporting Carrier	361487		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: UPSALA COOP TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Tony Gebhard</p>				<p><small>Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala coop tel assn,l=Upsala MN 56384, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Tony Gebhard</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 320-573-1390</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>361494</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: VALLEY TEL CO - MN					
Signature of Authorized Officer or employee: Dave Bickett				Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@ptel.com,O=valley tel co - mn,l=Underwood MN 56586-0277, Date:5/16/2017	
				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Dave Bickett					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 218-826-6161					
Study Area Code of Reporting Carrier	361495		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TRI-CO/CROSSLAKE</p>					
<p>Signature of Authorized Officer or employee: Josh Netland</p>				<p><small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=tri-co/crosslake,l=Emily MN 56447, Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Josh Netland</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 218-763-3000</p>					
Study Area Code of Reporting Carrier	361499		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTHERN TEL CO - MN</p>					
<p>Signature of Authorized Officer or employee: Robert Riddell</p>				<p>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlcwb.net,O=northern tel co - mn, Date:5/22/2017</p>	
				<p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Robert Riddell</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 218-488-6565</p>					
Study Area Code of Reporting Carrier	361500		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

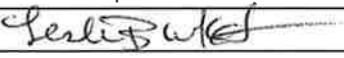
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEST CENTRAL TEL</p>					
<p>Signature of Authorized Officer or employee: Chad Bullock</p>				<p>Digitally signed by Chad Bullock DN:cn=Chad Bullock,email=chadb@wcta.net,O=west central tel,l=Sebeka MN 56477, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Chad Bullock</p>					
<p>Title or position of Authorized Officer or employee: CEO-GM</p>					
<p>Telephone number of Authorized Officer or employee: 218-837-5151</p>					
Study Area Code of Reporting Carrier	361501		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WESTERN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Curt Kawlewski</p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western tel co, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Curt Kawlewski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-233-4172</p>					
Study Area Code of Reporting Carrier	361502		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>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).</p>				
Name of Reporting Carrier Wikstrom Telephone Co Inc				
Signature of authorized officer 			Date 05/24/2017	
Printed name of authorized officer Leslie B Wikstrom				
Title or position of authorized officer Vice President				
Telephone number of authorized officer: (218) 436-2121 ext.				
Study Area Code of Reporting Carrier 361505		Filing Due Date for this form (mm/dd/yyyy) 6/16/2017		
<p style="text-align: center;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WINTHROP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Danny Busche</p>				<p><small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=winthrop tel co,l=Franklin MN 55333, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Danny Busche</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 507-557-2275</p>					
<p>Study Area Code of Reporting Carrier</p>	361508		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WOODSTOCK TEL CO</p>					
<p>Signature of Authorized Officer or employee: Terry Nelson</p>				<p>Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock tel co,l=Ruthon MN 56170, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Terry Nelson</p>					
<p>Title or position of Authorized Officer or employee: Operations Manager</p>					
<p>Telephone number of Authorized Officer or employee: 507-658-3830</p>					
Study Area Code of Reporting Carrier	361510		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Wolverton Telephone Co	
Signature of authorized officer			Date		5/17/2017
Printed name of authorized officer			Karl Blake		
Title or position of authorized officer			Executive Vice President		
Telephone number of authorized officer: (701) 284-7221 ext.					
Study Area Code of Reporting Carrier		361512	Filing Due Date for this form (mm/dd/yyyy)		6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: ZUMBROTA TEL CO					
Signature of Authorized Officer or employee: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota tel co,l= , Date:5/17/2017	
Date: 5/17/2017					
Printed name of Authorized Officer or employee: Bruce Hanson					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 320-847-2211					
Study Area Code of Reporting Carrier	361515		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: INTERSTATE TELECOMM.</p>					
<p>Signature of Authorized Officer or employee: Tracy Bandemer</p>				<p>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecomm.,l=Clear Lake SD 57226-0920, Date:5/19/2017</p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: Tracy Bandemer</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 605-874-2181</p>					
Study Area Code of Reporting Carrier	361654		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: ARAPAHOE TEL CO					
Signature of Authorized Officer or employee: John Koller				<small>Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe tel co,l=Arapahoe NE 68922, Date:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer or employee: John Koller					
Title or position of Authorized Officer or employee: VP Operations					
Telephone number of Authorized Officer or employee: 308-962-7298					
Study Area Code of Reporting Carrier	371516		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Arapahoe Telephone Company	
Signature of authorized officer			Date		7-10-17
Printed name of authorized officer					
John E. Koller					
Title or position of authorized officer					
OP/GM					
Telephone number of authorized officer					
303 967-518 ext.					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		July 2017	
371516					

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ARLINGTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Joe Jetensky</p>				<p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=arlington tel co, Inc., Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Joe Jetensky</p>					
<p>Title or position of Authorized Officer or employee: President/GM</p>					
<p>Telephone number of Authorized Officer or employee: 402-426-6245</p>					
<p>Study Area Code of Reporting Carrier</p>	371517		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ELSIE COMM., INC.</p>					
<p>Signature of Authorized Officer or employee: David Shipley</p>				<p>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie comm., inc.,l=Colorado City CO 81019, Date:5/24/2017</p>	
				<p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: David Shipley</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 866-542-6780</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>371518</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 BLAIR TEL CO					
Signature of Authorized Officer or employee: Joe Jetensky				Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=the blair tel co, Date:5/25/2017	
				Date: 5/25/2017	
Printed name of Authorized Officer or employee: Joe Jetensky					
Title or position of Authorized Officer or employee: President/GM					
Telephone number of Authorized Officer or employee: 402-426-6245					
Study Area Code of Reporting Carrier	371524		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: THREE RIVER TELCO					
Signature of Authorized Officer or employee: Neil Classen				Digitally signed by Neil Classen DN:cn=Neil Classen,email=neil@threeriver.net,O=three river telco,l=Lynch NE 68746-0066, Date:5/19/2017	
				Date: 5/19/2017	
Printed name of Authorized Officer or employee: Neil Classen					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 402-569-2666					
Study Area Code of Reporting Carrier	371525		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 Cambridge Telephone Company				
Signature of authorized officer 			Date	05/16/2017
Printed name of authorized officer J. Thomas Shoemaker				
Title or position of authorized officer Executive Vice President				
Telephone number of authorized officer: (308) 697-3333 ext.				
Study Area Code of Reporting Carrier		371526	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CONSOLIDATED TELCO</p>					
<p>Signature of Authorized Officer or employee: Wendy Thompson Fast</p>				<p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco,l=Lincoln NE 68506-0147, Date:5/17/2017</small></p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Wendy Thompson Fast</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 402-489-2728</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>371530</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CLARKS TELECOM CO.</p>					
<p>Signature of Authorized Officer or employee: Patrick McElroy</p>				<p>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=clarks telecom co.,l= , Date:5/16/2017</p>	
				<p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Patrick McElroy</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 402-632-4321</p>					
Study Area Code of Reporting Carrier	371531		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: COZAD TEL CO					
Signature of Authorized Officer or employee: Marcus Young				Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad tel co,lc=, Date:5/24/2017	
Date: 5/24/2017					
Printed name of Authorized Officer or employee: Marcus Young					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 308-784-4044					
Study Area Code of Reporting Carrier	371534		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: DALTON TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: David Shipley</p>				<p>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,l=Colorado City CO 81019, Date:5/24/2017</p>	
				<p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: David Shipley</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 866-542-6779</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>371537</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: DILLER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Loren Duerksen</p>				<p><small>Digitally signed by Loren Duerksen DN: cn=Loren Duerksen, email=lorend@diodecom.net, O=diller tel co, l=Diller NE 68342-0236, Date: 5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Loren Duerksen</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Director of Operations</p>					
<p>Telephone number of Authorized Officer or employee: 402-793-5330</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>371540</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: EASTERN NEBRASKA TEL</p>					
<p>Signature of Authorized Officer or employee: Joe Jetensky</p>				<p>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=eastern nebraska tel, Date:5/25/2017</p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Joe Jetensky</p>					
<p>Title or position of Authorized Officer or employee: President/GM</p>					
<p>Telephone number of Authorized Officer or employee: 402-426-6245</p>					
Study Area Code of Reporting Carrier	371542		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: GLENWOOD TEL MEMBER					
Signature of Authorized Officer or employee: Stanley Rouse				<small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood tel member, =Blue Hill NE 68930-0008, Date:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer or employee: Stanley Rouse					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 402-756-3131					
Study Area Code of Reporting Carrier	371553		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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)(vi).			
Name of Reporting Carrier Hamilton Telephone Company			
Signature of authorized officer <i>John Nelson</i>		Date 5-17-17	
Printed name of authorized officer John Nelson			
Title or position of authorized officer President			
Telephone number of authorized officer (402) 694-5101			
Study Area Code of Reporting Carrier 371555		Filing Due Date for this form (mm/dd/yyyy) 6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HARTINGTON TELECOM</p>					
<p>Signature of Authorized Officer or employee: Mike Becker</p>				<p><small>Digitally signed by Mike Becker DN:cn=Mike Becker,email=mbecker@hartel.net,O=hartington telecom,l=Hartington NE 68739-0157, Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Mike Becker</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 402-254-3901</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>371556</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: HARTMAN TEL EXCH INC					
Signature of Authorized Officer or employee: Linda McKain				Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=hartman tel exch inc,l=Benkelman NE 69021, Date:5/19/2017	
				Date: 5/19/2017	
Printed name of Authorized Officer or employee: Linda McKain					
Title or position of Authorized Officer or employee: Accounting Manager					
Telephone number of Authorized Officer or employee: 308-423-5607					
Study Area Code of Reporting Carrier	371557		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: HEMINGFORD COOP TEL					
Signature of Authorized Officer or employee: Tonya Mayer <small>Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop tel,l=Hemingford NE 69348-0246, Date:5/18/2017</small>				Date: 5/18/2017	
Printed name of Authorized Officer or employee: Tonya Mayer					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 308-487-3311					
Study Area Code of Reporting Carrier	371558		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: HENDERSON CO-OP TEL					
Signature of Authorized Officer or employee: James Mestl				<small>Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henderson co-op tel,l=Henderson NE 68371, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: James Mestl					
Title or position of Authorized Officer or employee: Board President					
Telephone number of Authorized Officer or employee: 402-723-4448					
Study Area Code of Reporting Carrier	371559		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HERSHEY COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Rex Woolley</p>				<p>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey coop tel co,l=Hershey NE 69143, Date:5/23/2017</p>	
				<p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Rex Woolley</p>					
<p>Title or position of Authorized Officer or employee: General Manager & CEO</p>					
<p>Telephone number of Authorized Officer or employee: 308-368-5561</p>					
Study Area Code of Reporting Carrier	371561		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HOOPER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Gannon</p>				<p>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper tel co,l=Remsen IA 51050-0330, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Robert Gannon</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 712-786-5572</p>					
Study Area Code of Reporting Carrier	371563		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: K & M TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: Thomas Magnuson</p>				<p>Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k & m tel co, inc,l=Chambers NE 68725, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Thomas Magnuson</p>					
<p>Title or position of Authorized Officer or employee: President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 402-482-5800</p>					
Study Area Code of Reporting Carrier	371565		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: GLENWOOD NET SRV					
Signature of Authorized Officer or employee: Stanley Rouse				Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood net srv,l=Blue Hill NE 68930-0008, Date:5/19/2017 Date: 5/19/2017	
Printed name of Authorized Officer or employee: Stanley Rouse					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 402-756-3131					
Study Area Code of Reporting Carrier	371567		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NEBRASKA CENTRAL TEL</p>					
<p>Signature of Authorized Officer or employee: Nancy McGregor-Jader</p>				<p>Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central tel,=Gibbon NE 68840-0700, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Nancy McGregor-Jader</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 308-468-6341</p>					
Study Area Code of Reporting Carrier	371574		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTHEAST NEBRASKA</p>					
<p>Signature of Authorized Officer or employee: Patrick McElroy</p>				<p>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=northeast nebraska,lc=, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Patrick McElroy</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 402-632-4321</p>					
Study Area Code of Reporting Carrier	371576		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PIERCE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mary Bichlmeier</p>				<p>Digitally signed by Mary Bichlmeier DN:cn=Mary Bichlmeier,email=maryb@piercetelphone.com,O=pierce tel co, =Pierce NE 68767-0113, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Mary Bichlmeier</p>					
<p>Title or position of Authorized Officer or employee: Company Accountant</p>					
<p>Telephone number of Authorized Officer or employee: 402-329-6225</p>					
Study Area Code of Reporting Carrier	371581		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: PLAINVIEW TEL CO					
Signature of Authorized Officer or employee: Eric Nye				<small>Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@uwyo.edu,O=plainview tel co,l=Plainview NE 68769-0117, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Eric Nye					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 402-582-4242					
Study Area Code of Reporting Carrier	371582		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ROCK COUNTY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Joe Jetensky</p>				<p>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co, Date: 5/25/2017</p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Joe Jetensky</p>					
<p>Title or position of Authorized Officer or employee: President/GM</p>					
<p>Telephone number of Authorized Officer or employee: 402-426-6245</p>					
Study Area Code of Reporting Carrier	371586		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Sodtoun Telephone Company			
Signature of authorized officer <i>Michael Plautz</i>		Date	May 20, 2017
Printed name of authorized officer Michael Plautz			
Title or position of authorized officer Secretary			
Telephone number of authorized officer: (308) 467-2310			
Study Area Code of Reporting Carrier	371590	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: SE NEBRASKA COMM INC					
Signature of Authorized Officer or employee: Ray Joy				Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc,l= , Date:5/19/2017	
Date: 5/19/2017					
Printed name of Authorized Officer or employee: Ray Joy					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 402-245-4451					
Study Area Code of Reporting Carrier	371591		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: STANTON TELECOM INC.					
Signature of Authorized Officer or employee: Robert Paden				Digitally signed by Robert Paden DN:cn=Robert Paden,email=rjpaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/30/2017 Date: 5/30/2017	
Printed name of Authorized Officer or employee: Robert Paden					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 402-439-2264					
Study Area Code of Reporting Carrier	371592		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WAUNETA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Linda McKain</p>				<p>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=wauneta tel co,l=Benkelman NE 69021, Date:5/19/2017</p>	
				<p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Linda McKain</p>					
<p>Title or position of Authorized Officer or employee: Accounting Manager</p>					
<p>Telephone number of Authorized Officer or employee: 308-423-5607</p>					
Study Area Code of Reporting Carrier	371597		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: BENKELMAN TEL CO					
Signature of Authorized Officer or employee: Linda McKain				Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=benkelman tel co,l=Benkelman NE 69021, Date:5/19/2017	
				Date: 5/19/2017	
Printed name of Authorized Officer or employee: Linda McKain					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 308-423-5607					
Study Area Code of Reporting Carrier	372455		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTH DAKOTA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Shawna Senger</p>				<p>Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota tel co,l=Devils Lake ND 58301, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Shawna Senger</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 701-662-6428</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>381447</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Wolverton Telephone Co	
Signature of authorized officer			Date		5/17/2017
Printed name of authorized officer			Karl Blake		
Title or position of authorized officer			Executive Vice President		
Telephone number of authorized officer: (701) 284-7221 ext.					
Study Area Code of Reporting Carrier		381509	Filing Due Date for this form (mm/dd/yyyy)		6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ABSARAKA COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Ann Faught</p>				<p><small>Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Ann Faught</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 701-896-3404</p>					
Study Area Code of Reporting Carrier	381601		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

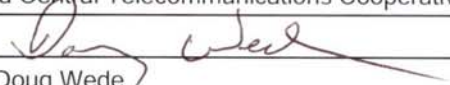
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 BEK Communications Cooperative				
Signature of authorized officer <i>Brett Stroh</i>		Date	5/24/2017	
Printed name of authorized officer Brett Stroh				
Title or position of authorized officer President				
Telephone number of authorized officer: (701) 475-2361 ext.				
Study Area Code of Reporting Carrier 381604		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Consolidated Telcom			
Signature of authorized officer <i>Bill Schaller</i>		Date	5/25/2017
Printed name of authorized officer Bill Schaller			
Title or position of authorized officer Board President			
Telephone number of authorized officer: (701) - 482-4000			
Study Area Code of Reporting Carrier	381607	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Dakota Central Telecommunications Cooperative/DCTI				
Signature of authorized officer 			Date	May 25, 2017
Printed name of authorized officer Doug Wede				
Title or position of authorized officer President				
Telephone number of authorized officer: (701) 652-3184 ext.				
Study Area Code of Reporting Carrier	381610	Filing Due Date for this form (mm/dd/yyyy)	6-16-17	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: DICKEY RURAL COOP</p>					
<p>Signature of Authorized Officer or employee: Robert Johnson</p>				<p>Digitally signed by Robert Johnson DN:cn=Robert Johnson,email=rjohnson@drtel.com,O=dickey rural coop,l=Ellendale ND 58436, Date:5/22/2017</p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: Robert Johnson</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 701-344-6010</p>					
Study Area Code of Reporting Carrier	381611		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Polar Communications Mutual Aid Corp	
Signature of authorized officer			Date		5/17/2017
Printed name of authorized officer			Karl Blake		
Title or position of authorized officer			General Manager/CEO		
Telephone number of authorized officer:			(701) 284-7221 ext.		
Study Area Code of Reporting Carrier		381614	Filing Due Date for this form (mm/dd/yyyy)		6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GRIGGS COUNTY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tyler Kilde</p>				<p>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county tel co,l=Enderlin ND 58027-0066, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Tyler Kilde</p>					
<p>Title or position of Authorized Officer or employee: VP/GM</p>					
<p>Telephone number of Authorized Officer or employee: 701-437-3417</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>381615</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: INTER-COMMUNITY TEL					
Signature of Authorized Officer or employee: Mark Johnson <small>Digitally signed by Mark Johnson DN:cn=Mark Johnson,email=mjohnson@ictc.com,O=inter-community tel,l=Nome SD 58062, Date:5/25/2017</small>				Date: 5/25/2017	
Printed name of Authorized Officer or employee: Mark Johnson					
Title or position of Authorized Officer or employee: GM/CEO/VP					
Telephone number of Authorized Officer or employee: 701-924-8815					
Study Area Code of Reporting Carrier	381616		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MIDSTATE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Ryan Wilhelmi</p>				<p><small>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate tel co,l=Stanley ND 58784-0400, Date:5/16/2017</small></p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Ryan Wilhelmi</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 701-628-2522</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>381617</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GRIGGS CTY (M&L)</p>					
<p>Signature of Authorized Officer or employee: Tyler Kilde</p>				<p>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs cty (m&l),l=Enderlin ND 58027-0066, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Tyler Kilde</p>					
<p>Title or position of Authorized Officer or employee: VP/GM</p>					
<p>Telephone number of Authorized Officer or employee: 701-437-3417</p>					
Study Area Code of Reporting Carrier	381622		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: NORTHWEST COMM COOP					
Signature of Authorized Officer or employee: Todd Thompson				Digitally signed by Todd Thompson DN:cn=Todd Thompson,email=toddt@nccray.com,O=northwest comm coop,l=Ray ND 58849-0038, Date:5/24/2017	
				Date: 5/24/2017	
Printed name of Authorized Officer or employee: Todd Thompson					
Title or position of Authorized Officer or employee: NCC CFO					
Telephone number of Authorized Officer or employee: 701-568-8101					
Study Area Code of Reporting Carrier	381625		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Polar Communications Mutual Aid Corp	
Signature of authorized officer			Date		5/17/2017
Printed name of authorized officer			Karl Blake		
Title or position of authorized officer			General Manager/CEO		
Telephone number of authorized officer: (701) 284-7221 ext.					
Study Area Code of Reporting Carrier		381630	Filing Due Date for this form (mm/dd/yyyy)		6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: RED RIVER COMM.</p>					
<p>Signature of Authorized Officer or employee: Jeffrey Olson</p>				<p>Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@redrivercomm.com,O=red river comm.,l=Abercrombie ND 58001, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Jeffrey Olson</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 701-553-8309</p>					
Study Area Code of Reporting Carrier	381631		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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	RESERVATION TELEPHONE COOPERATIVE		
Signature of authorized officer		Date	5/19/2017
Printed name of authorized officer	SHANE D HART		
Title or position of authorized officer	CEO/GM		
Telephone number of authorized officer:	(701) 862-5229 ext.		
Study Area Code of Reporting Carrier	381632	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: UNITED TEL MUTUAL</p>					
<p>Signature of Authorized Officer or employee: Perry Oster</p>				<p>Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual, =Langdon ND 58249-0729, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Perry Oster</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 701-256-5156</p>					
Study Area Code of Reporting Carrier	381636		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: W. RIVER TELECOM.</p>					
<p>Signature of Authorized Officer or employee: Troy Schilling</p>				<p>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtr.com,O=w. river telecom.,l=Hazen ND 58545, Date:5/25/2017</p>	
				<p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Troy Schilling</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 701-748-2211</p>					
Study Area Code of Reporting Carrier	381637		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: MIDSTATE COMM.					
Signature of Authorized Officer or employee: Ryan Wilhelmi				Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate comm.,l=Stanley ND 58784-0400, Date:5/16/2017	
				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Ryan Wilhelmi					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 701-628-2522					
Study Area Code of Reporting Carrier	381638		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SRT COMMUNICATIONS</p>					
<p>Signature of Authorized Officer or employee: Steve Lysne</p>				<p><small>Digitally signed by Steve Lysne DN:cn=Steve Lysne,email=stevedl@srttel.com,O=srt communications,l=Minot ND 58702-2027, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Steve Lysne</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 701-858-5246</p>					
Study Area Code of Reporting Carrier	383303		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALLIANCE-HILLS SD</p>					
<p>Signature of Authorized Officer or employee: Kari Flanagan</p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills sd,l=Garretson SD 57030, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Kari Flanagan</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 605-594-8228</p>					
Study Area Code of Reporting Carrier	391405		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GOLDEN WEST-ARMOUR</p>					
<p>Signature of Authorized Officer or employee: Dennis Law</p>				<p><small>Digitally signed by Dennis Law DN: cn=Dennis Law, email=dennylaw@goldenwest.com, O=golden west-armour, =Wall SD 57790-0411, Date: 5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Dennis Law</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 605-279-2161</p>					
Study Area Code of Reporting Carrier	391640		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALLIANCE-BALTIC</p>					
<p>Signature of Authorized Officer or employee: Kari Flanagan</p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,lc=Garretson SD 57030, Date:5/23/2017</small></p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Kari Flanagan</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 605-594-8228</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>391642</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>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).</p>				
Name of Reporting Carrier Cheyenne River Sioux Tribe Telephone Authority				
Signature of authorized officer <i>Terrance Veo</i>			Date 05-24-17	
Printed name of authorized officer Terrance Veo				
Title or position of authorized officer Board President				
Telephone number of authorized officer: (605) 964-2600 ext.				
Study Area Code of Reporting Carrier 391647		Filing Due Date for this form (mm/dd/yyyy) 6/16/2017		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: BERESFORD MUNICIPAL					
Signature of Authorized Officer or employee: Todd Hansen				Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal, Date:5/26/2017	
Date: 5/26/2017					
Printed name of Authorized Officer or employee: Todd Hansen					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 605-763-2500					
Study Area Code of Reporting Carrier	391649		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: CLARITY TELECOM					
Signature of Authorized Officer or employee: Keith Davidson				<small>Digitally signed by Keith Davidson DN:cn=Keith Davidson,email=Keith.Davidson@vastbroadband.com,O=clarity telecom, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer or employee: Keith Davidson					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 573-481-2265					
Study Area Code of Reporting Carrier	391652		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CITY OF FAITH MUNIC</p>					
<p>Signature of Authorized Officer or employee: Debbie Brown</p>				<p>Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith munic, =Faith SD 57626-0368, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Debbie Brown</p>					
<p>Title or position of Authorized Officer or employee: Finance Officer</p>					
<p>Telephone number of Authorized Officer or employee: 605-967-2261</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>391653</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: INTERSTATE TELECOMM.</p>					
<p>Signature of Authorized Officer or employee: Tracy Bandemer</p>				<p><small>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecomm.,l=Clear Lake SD 57226-0920, Date:5/19/2017</small></p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: Tracy Bandemer</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 605-874-2181</p>					
<p>Study Area Code of Reporting Carrier</p>	391654		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALLIANCE-SPLITROCK</p>					
<p>Signature of Authorized Officer or employee: Kari Flanagan</p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock,/=Garretson SD 57030, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Kari Flanagan</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 605-594-8228</p>					
Study Area Code of Reporting Carrier	391657		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: GOLDEN WEST TELECOM					
Signature of Authorized Officer or employee: Dennis Law				Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom,l=Wall SD 57790-0411, Date:5/18/2017	
Date: 5/18/2017					
Printed name of Authorized Officer or employee: Dennis Law					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 605-279-2161					
Study Area Code of Reporting Carrier	391659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: FT RANDALL-MT RUSHMR					
Signature of Authorized Officer or employee: Bruce Hanson <small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr,lc=MT, Date:5/23/2017</small>				Date: 5/23/2017	
Printed name of Authorized Officer or employee: Bruce Hanson					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 320-847-2211					
Study Area Code of Reporting Carrier	391660		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

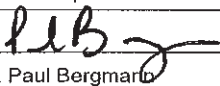
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: JAMES VALLEY COOP					
Signature of Authorized Officer or employee: James Groft				Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley coop,l= , Date:5/22/2017	
Date: 5/22/2017					
Printed name of Authorized Officer or employee: James Groft					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 605-397-2323					
Study Area Code of Reporting Carrier	391664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Jefferson Telephone			
Signature of authorized officer 		Date	5/30/2017
Printed name of authorized officer Paul Bergmar			
Title or position of authorized officer CFO			
Telephone number of authorized officer: 712-271-4000, ext.			
Study Area Code of Reporting Carrier	391666	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GOLDEN WEST-KADOKA</p>					
<p>Signature of Authorized Officer or employee: Dennis Law</p>				<p><small>Digitally signed by Dennis Law DN: cn=Dennis Law, email=dennylaw@goldenwest.com, O=golden west-kadoka, I=Wall SD 57790-0411, Date: 5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Dennis Law</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 605-279-2161</p>					
Study Area Code of Reporting Carrier	391667		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: KENNEBEC TEL CO</p>					
<p>Signature of Authorized Officer or employee: Rod Bowar</p>				<p><small>Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec tel co,l=Kennebec SD 57544, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Rod Bowar</p>					
<p>Title or position of Authorized Officer or employee: President/Manager</p>					
<p>Telephone number of Authorized Officer or employee: 605-869-2220</p>					
Study Area Code of Reporting Carrier	391668		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: TRIOTEL COMM-MCCOOK					
Signature of Authorized Officer or employee: Bryan Roth				Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm-mccook,l=Salem SD 57058-0630, Date:5/18/2017 Date: 5/18/2017	
Printed name of Authorized Officer or employee: Bryan Roth					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 605-425-2238					
Study Area Code of Reporting Carrier	391669		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MIDSTATE COMM., INC.</p>					
<p>Signature of Authorized Officer or employee: Mark Benton</p>				<p><small>Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate comm., inc.,l=Kimball SD 57355, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Mark Benton</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 605-778-6221</p>					
Study Area Code of Reporting Carrier	391670		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEST RIVER(MOBRIDGE)</p>					
<p>Signature of Authorized Officer or employee: Troy Schilling</p>				<p>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river(mobridge),l=Hazen ND 58545, Date:5/25/2017</p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Troy Schilling</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 701-748-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>391671</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: RC TECHNOLOGIES</p>					
<p>Signature of Authorized Officer or employee: Scott Bostrom</p>				<p>Digitally signed by Scott Bostrom DN:cn=Scott Bostrom,email=sbostrom@tnics.com,O=rc technologies,l=New Effington SD 57255-0197, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Scott Bostrom</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 605-637-5211</p>					
Study Area Code of Reporting Carrier	391674		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: SANTEL COMM. COOP.					
Signature of Authorized Officer or employee: Ryan Thompson				Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.coop,O=santel comm. coop.,l=Woonsocket SD 57385-0067, Date:5/25/2017	
				Date: 5/25/2017	
Printed name of Authorized Officer or employee: Ryan Thompson					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 605-796-8143					
Study Area Code of Reporting Carrier	391676		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

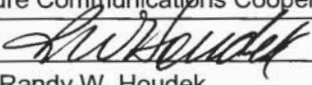
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GOLDEN WEST-SIOUX VY</p>					
<p>Signature of Authorized Officer or employee: Dennis Law</p>				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-sioux vy,l=Wall SD 57790-0411, Date:5/18/2017</small> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Dennis Law</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 605-279-2161</p>					
Study Area Code of Reporting Carrier	391677		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: INTERSTATE-SST</p>					
<p>Signature of Authorized Officer or employee: Tracy Bandemer</p>				<p><small>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate-sst,l=Clear Lake SD 57226-0920, Date:5/19/2017</small></p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: Tracy Bandemer</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 605-874-2181</p>					
<p>Study Area Code of Reporting Carrier</p>	391679		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Venture Communications Cooperative			
Signature of authorized officer 		Date 5/23/2017	
Printed name of authorized officer Randy W. Houdek			
Title or position of authorized officer General Manager / CEO			
Telephone number of authorized officer: (605) 852-2224			
Study Area Code of Reporting Carrier 391680		Filing Due Date for this form (mm/dd/yyyy) 6/16/17	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: TRIOTEL COMM(TRI-C)					
Signature of Authorized Officer or employee: Bryan Roth				<small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm(tri-c),l=Salem SD 57058-0630, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Bryan Roth					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 605-425-2238					
Study Area Code of Reporting Carrier	391682		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: GOLDEN WEST-UNION					
Signature of Authorized Officer or employee: Dennis Law				Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-union, =Wall SD 57790-0411, Date:5/18/2017	
Date: 5/18/2017					
Printed name of Authorized Officer or employee: Dennis Law					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 605-279-2161					
Study Area Code of Reporting Carrier	391684		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: VALLEY TELECOMM.</p>					
<p>Signature of Authorized Officer or employee: Jeff Symens</p>				<p>Digitally signed by Jeff Symens DN:cn=Jeff Symens,email=jsymens@valleytel.net,O=valley telecomm.,l=Herreid SD 57632-0007, Date:5/24/2017</p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: Jeff Symens</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 605-437-2615</p>					
Study Area Code of Reporting Carrier	391685		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GOLDEN WEST-VIVIAN</p>					
<p>Signature of Authorized Officer or employee: Dennis Law</p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-vivian,I=Wall SD 57790-0411, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Dennis Law</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 605-279-2161</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>391686</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Venture Communications Cooperative (Western)			
Signature of authorized officer <i>[Signature]</i>		Date 5/23/2017	
Printed name of authorized officer Randy W. Houdek			
Title or position of authorized officer General Manager / CEO			
Telephone number of authorized officer: (605) 852-2224			
Study Area Code of Reporting Carrier 391688		Filing Due Date for this form (mm/dd/yyyy) 6/16/17	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEST RIVER COOP</p>					
<p>Signature of Authorized Officer or employee: Colle Nash</p>				<p><small>Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river coop,I=Bison SD 57620, Date:5/19/2017</small></p> <p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Colle Nash</p>					
<p>Title or position of Authorized Officer or employee: Interim Co-Manager</p>					
<p>Telephone number of Authorized Officer or employee: 605-244-5213</p>					
Study Area Code of Reporting Carrier	391689		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ARKANSAS TEL CO</p>					
<p>Signature of Authorized Officer or employee: Randy McCaslin</p>				<p>Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas tel co,l=Clinton AR 72031, Date:5/30/2017</p>	
				<p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Randy McCaslin</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 501-745-2114</p>					
Study Area Code of Reporting Carrier	401692		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

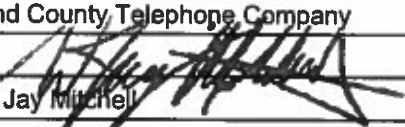
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CENTRAL ARKANSAS TEL</p>					
<p>Signature of Authorized Officer or employee: Shirley Kinnaird</p>				<p>Digitally signed by Shirley Kinnaird DN:cn=Shirley Kinnaird,email=shirley@catc.net,O=central arkansas tel,l=Bismarck AR 71929-0130, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Shirley Kinnaird</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 501-865-3212</p>					
Study Area Code of Reporting Carrier	401697		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

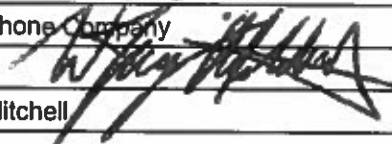
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Cleveland County Telephone Company	
Signature of authorized officer					
Date			5/30/2017		
Printed name of authorized officer			W. Jay Mitchell		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(417) 776-2247		
Study Area Code of Reporting Carrier		401698	Filing Due Date for this form (mm/dd/yyyy)		6/16/2017
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Decatur Telephone Company			
Signature of authorized officer 		Date	5/30/2017
Printed name of authorized officer W. Jay Mitchell			
Title or position of authorized officer President			
Telephone number of authorized officer: (417) 776-2247			
Study Area Code of Reporting Carrier	401699	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: SOUTH ARKANSAS TEL					
Signature of Authorized Officer or employee: Greg Ashcraft <small>Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel,l=Sheridan AR 72150, Date:5/30/2017</small>				Date: 5/30/2017	
Printed name of Authorized Officer or employee: Greg Ashcraft					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 870-942-4344					
Study Area Code of Reporting Carrier	401702		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LAVACA TEL CO-AR</p>					
<p>Signature of Authorized Officer or employee: Keith Gibson</p>				<p><small>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ar,l=Lavaca AR 72941-0230, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Keith Gibson</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 479-674-2211</p>					
Study Area Code of Reporting Carrier	401704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MADISON COUNTY TEL</p>					
<p>Signature of Authorized Officer or employee: Tom Shrum</p>				<p>Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel, =Huntsville AR 72740, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Tom Shrum</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 479-738-2121</p>					
Study Area Code of Reporting Carrier	401709		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MAGAZINE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kathy Stone</p>				<p>Digitally signed by Kathy Stone DN:cn=Kathy Stone,email=magtel@magtel.com,O=magazine tel co,l=Magazine AR 72943, Date:5/22/2017</p>	
				<p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Kathy Stone</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 479-969-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>401710</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MOUNTAIN VIEW TEL CO</p>					
<p>Signature of Authorized Officer or employee: Anne Schuhknecht</p>				<p>Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=mountain view tel co,l=Mountain Home AR 72654-1970, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Anne Schuhknecht</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 870-425-3100</p>					
Study Area Code of Reporting Carrier	401712		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: NORTH ARKANSAS TEL					
Signature of Authorized Officer or employee: Steven Sanders, Jr.				Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=north arkansas tel,l=Flippin AR 72634-0209, Date:5/25/2017	
				Date: 5/25/2017	
Printed name of Authorized Officer or employee: Steven Sanders, Jr.					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 870-453-9273					
Study Area Code of Reporting Carrier	401713		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PRAIRIE GROVE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Rick Reed</p>				<p>Digitally signed by Rick Reed DN:cn=Rick Reed,email=treed@pgtc.com,O=prairie grove tel co,l=Prairie Grove AR 72753-1010, Date:5/25/2017</p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Rick Reed</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 479-846-7200</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>401718</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Rice Belt Telephone Company Inc.	
Signature of authorized officer				Date	5-16-17
Printed name of authorized officer		Darby A. McCarty			
Title or position of authorized officer		President			
Telephone number of authorized officer: (812) 876-2211 ext.					
Study Area Code of Reporting Carrier		401721	Filing Due Date for this form (mm/dd/yyyy)		6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: E RITTER TEL CO</p>					
<p>Signature of Authorized Officer or employee: John Strode</p>				<p><small>Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=e ritter tel co,l=Jonesboro AR 72403, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: John Strode</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 870-336-2345</p>					
Study Area Code of Reporting Carrier	401722		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SW ARKANSAS TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Tina Moore</p>				<p>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=sw arkansas tel coop, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Tina Moore</p>					
<p>Title or position of Authorized Officer or employee: Accountant</p>					
<p>Telephone number of Authorized Officer or employee: 870-653-8222</p>					
Study Area Code of Reporting Carrier	401724		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: WALNUT HILL TEL CO					
Signature of Authorized Officer or employee: Amanda Molina				Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=walnut hill tel co,lc= , Date:5/26/2017	
Date: 5/26/2017					
Printed name of Authorized Officer or employee: Amanda Molina					
Title or position of Authorized Officer or employee: Vice President of External Relations					
Telephone number of Authorized Officer or employee: 904-259-0029					
Study Area Code of Reporting Carrier	401729		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: YELCOT TEL CO INC					
Signature of Authorized Officer or employee: Anne Schuhknecht				Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=yelcot tel co inc, =Mountain Home AR 72654-1970, Date:5/26/2017	
Date: 5/26/2017					
Printed name of Authorized Officer or employee: Anne Schuhknecht					
Title or position of Authorized Officer or employee: Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 870-425-3100					
Study Area Code of Reporting Carrier	401733		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SCOTT COUNTY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Karen Gilliam</p>				<p><small>Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county tel co,l=Avilla MO 64833, Date:5/26/2017</small></p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Karen Gilliam</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 479-923-4200</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>403031</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BLUE VALLEY TELE-COM</p>					
<p>Signature of Authorized Officer or employee: Candace Wright</p>				<p>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-com,lc= , Date:5/19/2017</p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: Candace Wright</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 785-799-3657</p>					
Study Area Code of Reporting Carrier	411746		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COUNCIL GROVE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Dale Jones</p>				<p>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel co,l=Council Grove KS 66846-0299, Date:5/22/2017</p>	
				<p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Dale Jones</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 620-767-5153</p>					
Study Area Code of Reporting Carrier	411758		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: CUNNINGHAM TEL CO					
Signature of Authorized Officer or employee: Brent Cunningham				Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham tel co,/=Glen Elder KS 67446-0108, Date:5/21/2017	
				Date: 5/21/2017	
Printed name of Authorized Officer or employee: Brent Cunningham					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 785-545-3215					
Study Area Code of Reporting Carrier	411761		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Elkhart Telephone Co., Inc	
Signature of authorized officer			Date		5/16/2017
Printed name of authorized officer			Trenton D. Boaldin		
Title or position of authorized officer			President		
Telephone number of authorized officer: (629) 697-2111, ext.					
Study Area Code of Reporting Carrier		411764	Filing Due Date for this form (mm/dd/yyyy)		6/16/2017
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: GOLDEN BELT TEL ASSN					
Signature of Authorized Officer or employee: Beau Rebel				<small>Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbtlive.com,O=golden belt tel assn,l=Rush Center KS 67575, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: Beau Rebel					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 785-372-4236					
Study Area Code of Reporting Carrier	411777		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GORHAM TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tonya Murphy</p>				<p><small>Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,l=Gorham KS 67640-0235, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Tonya Murphy</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 785-637-5300</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>411778</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HAVILAND TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mark Wade</p>				<p>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland tel co,l=Haviland KS 67059, Date:5/18/2017</p>	
				<p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Mark Wade</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 620-862-5211</p>					
Study Area Code of Reporting Carrier	411780		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: H & B COMMUNICATIONS</p>					
<p>Signature of Authorized Officer or employee: Robert Koch</p>				<p>Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,l=Holyrood KS 67450, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Robert Koch</p>					
<p>Title or position of Authorized Officer or employee: President and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 785-252-4000</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>411781</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HOME TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tina Anderson</p>				<p>Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home tel co,l=Galva KS 67443, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Tina Anderson</p>					
<p>Title or position of Authorized Officer or employee: Customer Acct & Billing Mgr/Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 620-654-3381</p>					
Study Area Code of Reporting Carrier	411782		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				J.B.N. Telephone Company, Inc.	
Signature of authorized officer			Date		05/23/2017
Printed name of authorized officer			Mark A Wade		
Title or position of authorized officer			Vice-President of Operations		
Telephone number of authorized officer:			(620) 862-5211 ext.		
Study Area Code of Reporting Carrier		411785	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: KANOKLA TEL ASSN-KS					
Signature of Authorized Officer or employee: Jill Kuehny <small>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla tel assn-ks,l=Caldwell KS 67022-0111, Date:5/16/2017</small>				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Jill Kuehny					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 620-845-5682					
Study Area Code of Reporting Carrier	411788		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MADISON TEL., LLC</p>					
<p>Signature of Authorized Officer or employee: Shana Rains</p>				<p><small>Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison tel., llc,l=Madison KS 66860, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Shana Rains</p>					
<p>Title or position of Authorized Officer or employee: Accountant</p>					
<p>Telephone number of Authorized Officer or employee: 620-437-2356</p>					
Study Area Code of Reporting Carrier	411801		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MOKAN DIAL INC-KS</p>					
<p>Signature of Authorized Officer or employee: Amanda Molina</p>				<p><small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-ks, Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Amanda Molina</p>					
<p>Title or position of Authorized Officer or employee: Vice President of External Relations</p>					
<p>Telephone number of Authorized Officer or employee: 904-259-0029</p>					
Study Area Code of Reporting Carrier	411807		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: MUTUAL TEL CO					
Signature of Authorized Officer or employee: John Tietjens <small>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mual tel co,l=Little River KS 67457, Date:5/23/2017</small>				Date: 5/23/2017	
Printed name of Authorized Officer or employee: John Tietjens					
Title or position of Authorized Officer or employee: President & General Manager					
Telephone number of Authorized Officer or employee: 620-897-6200					
Study Area Code of Reporting Carrier	411809		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PEOPLES TELECOM LLC</p>					
<p>Signature of Authorized Officer or employee: Kathy Billinger</p>				<p><small>Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecom llc, LaCygne KS 66040, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Kathy Billinger</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 913-757-2500</p>					
Study Area Code of Reporting Carrier	411814		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CRAW-KAN TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Craig Wilbert</p>				<p>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop,l=Girard KS 66743-0100, Date:5/19/2017</p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: Craig Wilbert</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 620-724-8235</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>411818</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: RAINBOW TELECOM					
Signature of Authorized Officer or employee: Kathy Ruoff <small>Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecom,l=Everest KS 66424, Date:5/22/2017</small>				Date: 5/22/2017	
Printed name of Authorized Officer or employee: Kathy Ruoff					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 785-548-7511					
Study Area Code of Reporting Carrier	411820		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: S & T TEL COOP ASSN</p>					
<p>Signature of Authorized Officer or employee: Christina Hickert</p>				<p><small>Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s & t tel coop assn,l=Brewster KS 67732, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Christina Hickert</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 256-694-2256</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>411827</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: S & A TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Janet Bathurst</p>				<p>Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s & a tel co inc,l=Allen KS 66833-0068, Date:5/16/2017</p>	
				<p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Janet Bathurst</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 620-528-3223</p>					
Study Area Code of Reporting Carrier	411829		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: S. CENTRAL TEL - KS</p>					
<p>Signature of Authorized Officer or employee: Kelly Johnson</p>				<p><small>Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@sctelcom.com,O=s. central tel - ks,l= , Date:5/24/2017</small></p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: Kelly Johnson</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 620-930-1020</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>411831</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SOUTHERN KANSAS TEL</p>					
<p>Signature of Authorized Officer or employee: William McVey</p>				<p><small>Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel,l=Clearwater KS 67026-0800, Date:5/20/2017</small></p>	
<p>Date: 5/20/2017</p>					
<p>Printed name of Authorized Officer or employee: William McVey</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 620-584-8337</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>411833</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SUNFLOWER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=sunflower tel co, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>411835</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TRI-COUNTY TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Dale Jones</p>				<p>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel assn,l=Council Grove KS 66846-0299, Date:5/22/2017</p>	
				<p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Dale Jones</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 620-767-5153</p>					
Study Area Code of Reporting Carrier	411839		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: TWIN VALLEY TEL INC					
Signature of Authorized Officer or employee: Scott Leitzel				<small>Digitally signed by Scott Leitzel DN:cn=Scott Leitzel,email=scott.leitzel@tvinc.net,O=twin valley tel inc,l=Miltonvale KS 67466, Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer or employee: Scott Leitzel					
Title or position of Authorized Officer or employee: Vice President-Operations					
Telephone number of Authorized Officer or employee: 785-427-9504					
Study Area Code of Reporting Carrier	411840		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: UNITED TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Jennifer Pachner</p>				<p>Digitally signed by Jennifer Pachner DN:cn=Jennifer Pachner,email=jenniferp@unitedtelcom.net,O=united tel assn,l=Dodge City KS 67801-0117, Date:5/23/2017</p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Jennifer Pachner</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 620-227-8641</p>					
Study Area Code of Reporting Carrier	411841		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WHEAT STATE TEL, INC</p>					
<p>Signature of Authorized Officer or employee: Arturo Macias</p>				<p>Digitally signed by Arturo Macias DN:cn=Arturo Macias,email=agmacias@wheatstate.com,O=wheat state tel, inc,l=Udall KS 67146, Date:5/25/2017</p>	
				<p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Arturo Macias</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 620-782-3341</p>					
Study Area Code of Reporting Carrier	411847		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WILSON TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Brian Boisvert</p>				<p>Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,l=Wilson KS 67490-0190, Date:5/23/2017</p>	
				<p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Brian Boisvert</p>					
<p>Title or position of Authorized Officer or employee: CEO /General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 785-658-2111</p>					
Study Area Code of Reporting Carrier	411849		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Zenda Telephone Company, Inc				
Signature of authorized officer <i>John R Ludenia</i>			Date	05-17-2017
Printed name of authorized officer John R Ludenia				
Title or position of authorized officer Vice President				
Telephone number of authorized officer: (304) 983-8642 ext.				
Study Area Code of Reporting Carrier	411852	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BPS Tel. Co.</p>					
<p>Signature of Authorized Officer or employee: Lisa Winberry</p>				<p><small>Digitally signed by Lisa Winberry DN: cn=Lisa Winberry, email=Winberry@BPSTelephone.com, O=bps tel. co., l=Bernie MO 63822-0550, Date: 5/17/2017</small></p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Lisa Winberry</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 573-293-2277</p>					
<p>Study Area Code of Reporting Carrier</p>	420463		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 IAMO Telephone Company-MO

Signature of authorized officer *Merlin Swanson*

Date

5-26-2017

Printed name of authorized officer Merlin Swanson

Title or position of authorized officer Secretary

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

Study Area Code of Reporting Carrier 421206

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

6/15/2017

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FAIRPOINT MISSOURI</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=fairpoint missouri, Date: 5/25/2017</p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	421472		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: CRAW-KAN TEL COOP-MO					
Signature of Authorized Officer or employee: Craig Wilbert				Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop-mo,l=Girard KS 66743-0100, Date:5/19/2017	
				Date: 5/19/2017	
Printed name of Authorized Officer or employee: Craig Wilbert					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 620-724-8235					
Study Area Code of Reporting Carrier	421759		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MOKAN DIAL INC-MO</p>					
<p>Signature of Authorized Officer or employee: Amanda Molina</p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-mo,lc=, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Amanda Molina</p>					
<p>Title or position of Authorized Officer or employee: Vice President of External Relations</p>					
<p>Telephone number of Authorized Officer or employee: 904-259-0029</p>					
Study Area Code of Reporting Carrier	421807		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALMA COMM. CO.</p>					
<p>Signature of Authorized Officer or employee: Adolf Heins</p>				<p><small>Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma comm. co.,l=Alma MO 64001, Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Adolf Heins</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 660-674-2297</p>					
Study Area Code of Reporting Carrier	421860		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CHARITON VALLEY TEL</p>					
<p>Signature of Authorized Officer or employee: Kirby Underberg</p>				<p><small>Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@charitonvalley.com,O=chariton valley tel,l=Macon MO 63552, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Kirby Underberg</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 660-395-9000</p>					
<p>Study Area Code of Reporting Carrier</p>	421864		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: CITIZENS TEL CO - MO					
Signature of Authorized Officer or employee: Brian Cornelius				Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens tel co - mo,l=Higginsville MO 64037-0737, Date:5/18/2017 Date: 5/18/2017	
Printed name of Authorized Officer or employee: Brian Cornelius					
Title or position of Authorized Officer or employee: President & General Manager					
Telephone number of Authorized Officer or employee: 660-584-6520					
Study Area Code of Reporting Carrier	421865		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ELLINGTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Dee McCormack</p>				<p>Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington tel co,l=Ellington MO 63638, Date:5/19/2017</p>	
				<p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Dee McCormack</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 573-663-2000</p>					
Study Area Code of Reporting Carrier	421874		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARBER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Charles Crow</p>				<p>Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=farber tel co, Inc., Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Charles Crow</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 573-249-9800</p>					
Study Area Code of Reporting Carrier	421876		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: FIDELITY TEL CO					
Signature of Authorized Officer or employee: Carla Cooper				Digitally signed by Carla Cooper DN:cn=Carla Cooper,email=carla.cooper@fidelitycommunications.com,O=fidelity tel co, Date:5/24/2017	
				Date: 5/24/2017	
Printed name of Authorized Officer or employee: Carla Cooper					
Title or position of Authorized Officer or employee: VP of Finance					
Telephone number of Authorized Officer or employee: 573-468-1218					
Study Area Code of Reporting Carrier	421882		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GRANBY TEL CO - MO</p>					
<p>Signature of Authorized Officer or employee: Cheri Johnson</p>				<p><small>Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - mo,l=Granby MO 64844, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Cheri Johnson</p>					
<p>Title or position of Authorized Officer or employee: Corporate Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 417-472-5513</p>					
Study Area Code of Reporting Carrier	421887		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GREEN HILLS TEL CORP</p>					
<p>Signature of Authorized Officer or employee: David Adams</p>				<p>Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghrc.com,O=green hills tel corp,l=Breckenridge MO 64625, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: David Adams</p>					
<p>Title or position of Authorized Officer or employee: EVP/GM</p>					
<p>Telephone number of Authorized Officer or employee: 660-644-5411</p>					
Study Area Code of Reporting Carrier	421890		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CHOCTAW TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Amanda Molina</p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=choctaw telephone co, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Amanda Molina</p>					
<p>Title or position of Authorized Officer or employee: Vice President of External Relations</p>					
<p>Telephone number of Authorized Officer or employee: 904-259-0029</p>					
Study Area Code of Reporting Carrier	421893		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: KLM TEL CO					
Signature of Authorized Officer or employee: Joe Jetensky				Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm tel co, Date:5/25/2017 Date: 5/25/2017	
Printed name of Authorized Officer or employee: Joe Jetensky					
Title or position of Authorized Officer or employee: President/GM					
Telephone number of Authorized Officer or employee: 402-426-6245					
Study Area Code of Reporting Carrier	421900		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: KINGDOM TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Marla McCowan</p>				<p>Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone co,l=Auxvasse MO 65231, Date:5/24/2017</p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: Marla McCowan</p>					
<p>Title or position of Authorized Officer or employee: Assistant Board Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 573-386-2241</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>421901</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: LE-RU TELEPHONE CO					
Signature of Authorized Officer or employee: Robert Hart				Digitally signed by Robert Hart DN:cn=Robert Hart,email=hartb@leru.net,O=le-ru telephone co,l=Stella MO 64867-0147, Date:5/19/2017	
				Date: 5/19/2017	
Printed name of Authorized Officer or employee: Robert Hart					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 417-628-3844					
Study Area Code of Reporting Carrier	421908		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

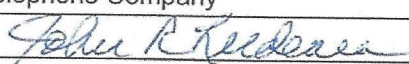
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MCDONALD COUNTY TEL</p>					
<p>Signature of Authorized Officer or employee: Ross Babbitt</p>				<p>Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county tel,l=Pineville MO 64856-0207, Date:5/23/2017</p>	
				<p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Ross Babbitt</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 417-223-4313</p>					
Study Area Code of Reporting Carrier	421912		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Miller Telephone Company	
Signature of authorized officer					Date
Printed name of authorized officer			John R Ludenia		5/18/2017
Title or position of authorized officer			Vice President		
Telephone number of authorized officer:			(304) 983-8642 ext.		
Study Area Code of Reporting Carrier		421920	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NEW FLORENCE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Garrin Bott</p>				<p>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=new florence tel co,l=Rockland ID 83271, Date:5/16/2017</p>	
				<p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Garrin Bott</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 208-548-2345</p>					
Study Area Code of Reporting Carrier	421927		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: NEW LONDON TEL CO					
Signature of Authorized Officer or employee: Garrin Bott				Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=new london tel co,l=Rockland ID 83271, Date:5/16/2017	
				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Garrin Bott					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 208-548-2345					
Study Area Code of Reporting Carrier	421928		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: HOLWAY TEL CO					
Signature of Authorized Officer or employee: Joe Jetensky				Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway tel co, Date:5/25/2017	
				Date: 5/25/2017	
Printed name of Authorized Officer or employee: Joe Jetensky					
Title or position of Authorized Officer or employee: President/GM					
Telephone number of Authorized Officer or employee: 402-426-6245					
Study Area Code of Reporting Carrier	421929		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NE MISSOURI RURAL</p>					
<p>Signature of Authorized Officer or employee: James Sherburne</p>				<p><small>Digitally signed by James Sherburne DN:cn=James Sherburne,email=jims@nemr.net,O=ne missouri rural,l=Green City MO 63545-0098, Date:5/19/2017</small></p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: James Sherburne</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 660-874-4111</p>					
<p>Study Area Code of Reporting Carrier</p>	421931		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Lathrop Telephone Company	
Signature of authorized officer		<i>Gregg Davis</i>		Date	5-16-17
Printed name of authorized officer		Gregg Davis			
Title or position of authorized officer		President, Board of Directors			
Telephone number of authorized officer:		(660) 748-3231			
Study Area Code of Reporting Carrier	421932	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ORCHARD FARM TEL CO</p>					
<p>Signature of Authorized Officer or employee: Garrin Bott</p>				<p>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=orchard farm tel co,l=Rockland ID 83271, Date:5/16/2017</p>	
				<p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Garrin Bott</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 208-548-2345</p>					
Study Area Code of Reporting Carrier	421934		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: OREGON FARMERS MUT</p>					
<p>Signature of Authorized Officer or employee: Wendy Ottman</p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mut,l=Oregon MO 64473, Date:5/26/2017</small></p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Wendy Ottman</p>					
<p>Title or position of Authorized Officer or employee: Assistant General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 660-446-3391</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>421935</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: PEACE VALLEY TEL CO					
Signature of Authorized Officer or employee: Kelly Bosserman				Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley tel co,l=Peace Valley MO 65788-0009, Date:5/24/2017	
Date: 5/24/2017					
Printed name of Authorized Officer or employee: Kelly Bosserman					
Title or position of Authorized Officer or employee: V.P. Regulatory Affairs					
Telephone number of Authorized Officer or employee: 417-277-5550					
Study Area Code of Reporting Carrier	421936		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ROCK PORT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Rick Bradley</p>				<p>Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel co,l=Rock Port MO 64482-0147, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Rick Bradley</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 660-744-5311</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>421942</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Steelville Telephone Company	
Signature of authorized officer			Date		05/18/2017
Printed name of authorized officer			Don Santhuff		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(573) 775-2111		
Study Area Code of Reporting Carrier		421949	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: STOUTLAND TEL CO</p>					
<p>Signature of Authorized Officer or employee: Garrin Bott</p>				<p>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=stoutland tel co,l=Rockland ID 83271, Date:5/16/2017</p>	
				<p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Garrin Bott</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 208-548-2345</p>					
Study Area Code of Reporting Carrier	421951		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LAVACA TEL CO-OK</p>					
<p>Signature of Authorized Officer or employee: Keith Gibson</p>				<p>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ok,l=Lavaca AR 72941-0230, Date:5/24/2017</p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: Keith Gibson</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 479-674-2211</p>					
Study Area Code of Reporting Carrier	431704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: KANOKLA TEL ASSN-OK</p>					
<p>Signature of Authorized Officer or employee: Jill Kuehny</p>				<p><small>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla tel assn-ok,l=Caldwell KS 67022-0111, Date:5/16/2017</small></p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Jill Kuehny</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 620-845-5682</p>					
<p>Study Area Code of Reporting Carrier</p>	431788		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: S. CENTRAL TEL - OK</p>					
<p>Signature of Authorized Officer or employee: Kelly Johnson</p>				<p><small>Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@sctelcom.com,O=s. central tel - ok, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Kelly Johnson</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 620-930-1020</p>					
<p>Study Area Code of Reporting Carrier</p>	431831		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ATLAS TEL CO</p>					
<p>Signature of Authorized Officer or employee: Barbara Summa</p>				<p>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas tel co,l=Big Cabin OK 74332-0077, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Barbara Summa</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 918-783-5111</p>					
Study Area Code of Reporting Carrier	431966		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: BEGGS TEL CO					
Signature of Authorized Officer or employee: Kay Mount				<small>Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs tel co,l=Beggs OK 74421-0749, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer or employee: Kay Mount					
Title or position of Authorized Officer or employee: Pres. & General Manager					
Telephone number of Authorized Officer or employee: 918-267-3636					
Study Area Code of Reporting Carrier	431968		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CANADIAN VALLEY TEL</p>					
<p>Signature of Authorized Officer or employee: Orlean Smith</p>				<p>Digitally signed by Orlean Smith DN:cn=Orlean Smith,email=murphy@cvok.net,O=canadian valley tel,l=Crowder OK 74430, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Orlean Smith</p>					
<p>Title or position of Authorized Officer or employee: President / Gen Manager</p>					
<p>Telephone number of Authorized Officer or employee: 918-334-3700</p>					
Study Area Code of Reporting Carrier	431974		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CARNEGIE TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Gary Woodruff</p>				<p>Digitally signed by Gary Woodruff DN:cn=Gary Woodruff,email=gwoodrff@carnegienet.net,O=carnegie tel co inc,l=Carnegie OK 73015, Date:5/17/2017</p>	
				<p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Gary Woodruff</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 580-654-1002</p>					
Study Area Code of Reporting Carrier	431976		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CENTRAL OKLAHOMA TEL</p>					
<p>Signature of Authorized Officer or employee: Steve Guest</p>				<p>Digitally signed by Steve Guest DN:cn=Steve Guest,email=steve377@cotc.net,O=central oklahoma tel,l=Davenport OK 74026-0789, Date:5/16/2017</p>	
				<p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Steve Guest</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 918-377-2241</p>					
Study Area Code of Reporting Carrier	431977		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CHEROKEE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Samuel Sanchez</p>				<p><small>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee tel co, Inc., Date:5/30/2017</small></p> <p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Samuel Sanchez</p>					
<p>Title or position of Authorized Officer or employee: Vice President Operations</p>					
<p>Telephone number of Authorized Officer or employee: 580-434-5375</p>					
Study Area Code of Reporting Carrier	431979		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CHICKASAW TEL CO</p>					
<p>Signature of Authorized Officer or employee: Larry Jones</p>				<p>Digitally signed by Larry Jones DN:cn=Larry Jones,email=larry@chickasawphone.net,O=chickasaw tel co,l=Sulphur OK 73086-0460, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Larry Jones</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 580-622-5223</p>					
Study Area Code of Reporting Carrier	431980		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: CHOUTEAU TEL CO					
Signature of Authorized Officer or employee: Michael Skrivan				Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=chouteau tel co, Date:5/26/2017	
Date: 5/26/2017					
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	431981		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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	Cimarron Telephone Company		
Signature of authorized officer	<i>Gene Baldwin</i>	Date	05/18/2017
Printed name of authorized officer	Gene Baldwin		
Title or position of authorized officer	Executive Vice President		
Telephone number of authorized officer:	(918) 865-3311 ext.		
Study Area Code of Reporting Carrier	431982	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: GRAND TEL CO INC					
Signature of Authorized Officer or employee: Jason Anderson				<small>Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand tel co inc,l=Jay OK 74346-0308, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Jason Anderson					
Title or position of Authorized Officer or employee: Controller/Co-Manager/2nd Vice President					
Telephone number of Authorized Officer or employee: 918-253-4231					
Study Area Code of Reporting Carrier	431994		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HINTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kenneth Doughty</p>				<p><small>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton tel co,l=Hinton OK 73047, Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Kenneth Doughty</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 405-542-3262</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>431995</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MEDICINE PARK TEL CO</p>					
<p>Signature of Authorized Officer or employee: Dean Pennello</p>				<p>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=medicine park tel co,l=Medicine Park OK 73557, Date:5/23/2017</p>	
				<p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Dean Pennello</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 580-529-2700</p>					
Study Area Code of Reporting Carrier	432008		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: OKLATEL COMM.</p>					
<p>Signature of Authorized Officer or employee: Toney Prather</p>				<p>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=oklatel comm.,l=De Leon TX 76444, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Toney Prather</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 254-893-1000</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>432013</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: OKLAHOMA WESTERN TEL</p>					
<p>Signature of Authorized Officer or employee: Dean Pennello</p>				<p>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=oklahoma western tel, Date:5/30/2017</p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Dean Pennello</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 580-529-5000</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>432014</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PIONEER TEL COOP INC</p>					
<p>Signature of Authorized Officer or employee: Richard Ruhl</p>				<p><small>Digitally signed by Richard Ruhl DN:cn=Richard Ruhl,email=raruhi@ptci.com,O=pioneer tel coop inc,l=Kingfisher OK 73750-0539, Date:5/16/2017</small></p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Richard Ruhl</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 405-375-0191</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>432018</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Pottawatomie Telephone Company	
Signature of authorized officer			Date		05/30/2017
Printed name of authorized officer			Dan Overland		
Title or position of authorized officer			Vice President		
Telephone number of authorized officer:			(405) 997-5201 ext.		
Study Area Code of Reporting Carrier		432020	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: SALINA-SPAVINAW TEL					
Signature of Authorized Officer or employee: Scott Boone				<small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer or employee: Scott Boone					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 918-496-8166					
Study Area Code of Reporting Carrier	432022		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: SHIDLER TEL CO					
Signature of Authorized Officer or employee: Lisa Patton				Digitally signed by Lisa Patton DN:cn=Lisa Patton,email=lisa@stinternet.net,O=shidler tel co,l=Shidler OK 74652, Date:5/19/2017	
Date: 5/19/2017					
Printed name of Authorized Officer or employee: Lisa Patton					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 918-793-2211					
Study Area Code of Reporting Carrier	432023		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SW OKLAHOMA TEL CO</p>					
<p>Signature of Authorized Officer or employee: George Wycoff</p>				<p>Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@swoi.net,O=sw oklahoma tel co,l=Duke OK 73532, Date:5/19/2017</p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: George Wycoff</p>					
<p>Title or position of Authorized Officer or employee: Exec. Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 580-679-3345</p>					
Study Area Code of Reporting Carrier	432025		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TERRAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Dick Segress</p>				<p>Digitally signed by Dick Segress DN:cn=Dick Segress,email=dick@ttslinx.com,O=terral tel co, Inc., Date:5/30/2017</p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Dick Segress</p>					
<p>Title or position of Authorized Officer or employee: President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 405-602-2408</p>					
Study Area Code of Reporting Carrier	432029		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: VALLIANT TEL CO					
Signature of Authorized Officer or employee: Tommy Dorries				<small>Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant tel co,l=Valliant OK 74764, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer or employee: Tommy Dorries					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 580-933-4400					
Study Area Code of Reporting Carrier	432032		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Wyandotte Telephone Company				
Signature of authorized officer 			Date	5/30/2017
Printed name of authorized officer W. Jay Mitchell				
Title or position of authorized officer President				
Telephone number of authorized officer: (417) 776-2247				
Study Area Code of Reporting Carrier		432034	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SANTA ROSA TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Jason Tole</p>				<p>Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/19/2017</p>	
				<p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Jason Tole</p>					
<p>Title or position of Authorized Officer or employee: Assistant GM / CFO</p>					
<p>Telephone number of Authorized Officer or employee: 940-886-2014</p>					
Study Area Code of Reporting Carrier	432141		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: CAMERON TEL CO TEXAS					
Signature of Authorized Officer or employee: Bruce Petry				Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co texas,l=Sulphur LA 70664-0167, Date:5/16/2017 Date: 5/16/2017	
Printed name of Authorized Officer or employee: Bruce Petry					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 337-583-2092					
Study Area Code of Reporting Carrier	440425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: BLOSSOM TEL CO					
Signature of Authorized Officer or employee: C. Dorries				<small>Digitally signed by C. Dorries DN:cn=C. Dorries,email=Clint@blossomtel.net,O=blossom tel co,l=Blossom TX 75416-0008, Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer or employee: C. Dorries					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 903-982-5200					
Study Area Code of Reporting Carrier	442038		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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				Big Bend Telephone	
Signature of authorized officer		[Signature]		Date	
				5/29/17	
Printed name of authorized officer				Lauren Sanders	
Title or position of authorized officer				VP Commercial	
Telephone number of authorized officer:				433/10054	
Study Area Code of Reporting Carrier		442039		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2017	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: BRAZORIA TEL CO					
Signature of Authorized Officer or employee: Gil Rasco <small>Digitally signed by Gil Rasco DN:cn=Gil Rasco,email=gil@btel.com,O=brazoria tel co,l=Brazoria TX 77422, Date:5/16/2017</small>				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Gil Rasco					
Title or position of Authorized Officer or employee: Vice President, Operations					
Telephone number of Authorized Officer or employee: 979-798-2121					
Study Area Code of Reporting Carrier	442040		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTH TEXAS TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Toney Prather</p>				<p><small>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=north texas tel. co.,l=De Leon TX 76444, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Toney Prather</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 254-893-1000</p>					
Study Area Code of Reporting Carrier	442043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CAP ROCK TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Jim Whitefield</p>				<p>Digitally signed by Jim Whitefield DN:cn=Jim Whitefield,email=advisory@caprock-spur.com,O=cap rock tel coop,I=Spur TX 79370-0300, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Jim Whitefield</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 806-271-3336</p>					
Study Area Code of Reporting Carrier	442046		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CENTRAL TEXAS CO-OP</p>					
<p>Signature of Authorized Officer or employee: Jamey Wigley</p>				<p><small>Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas co-op, Goldthwaite TX 76844, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Jamey Wigley</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 325-648-2237</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>442052</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COLEMAN COUNTY CO-OP</p>					
<p>Signature of Authorized Officer or employee: Tim Humpert</p>				<p><small>Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county co-op,l=Santa Anna TX 76878, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Tim Humpert</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 325-348-3124</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>442057</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: COLORADO VALLEY TEL					
Signature of Authorized Officer or employee: Kelly Allison				Digitally signed by Kelly Allison DN:cn=Kelly Allison,email=kellya@coloradovallay.com,O=colorado valley tel,=La Grange TX 78945, Date:5/23/2017	
				Date: 5/23/2017	
Printed name of Authorized Officer or employee: Kelly Allison					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 979-247-8315					
Study Area Code of Reporting Carrier	442059		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: TOTELCOM COMM.					
Signature of Authorized Officer or employee: Toney Prather				Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=totelcom comm.,l=De Leon TX 76444, Date:5/16/2017	
				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Toney Prather					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 254-893-1000					
Study Area Code of Reporting Carrier	442060		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COMMUNITY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Clifford Humpert</p>				<p>Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community tel co,l=Windthorst TX 76389, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Clifford Humpert</p>					
<p>Title or position of Authorized Officer or employee: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 940-423-6201</p>					
Study Area Code of Reporting Carrier	442061		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: CUMBY TEL COOP INC					
Signature of Authorized Officer or employee: Karen Zimmerman				Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenc@cumbytel.com,O=cumby tel coop inc,lc=Cumby TX 75433, Date:5/30/2017 Date: 5/30/2017	
Printed name of Authorized Officer or employee: Karen Zimmerman					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 903-994-2211					
Study Area Code of Reporting Carrier	442065		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: DELL TEL. CO-OP - TX</p>					
<p>Signature of Authorized Officer or employee: Marcy Guillen</p>				<p>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel. co-op - tx, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Marcy Guillen</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 915-964-2352</p>					
Study Area Code of Reporting Carrier	442066		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ELECTRA TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Amanda Molina</p>				<p><small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=electra telephone co, Date:5/26/2017</small></p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Amanda Molina</p>					
<p>Title or position of Authorized Officer or employee: Vice President of External Relations</p>					
<p>Telephone number of Authorized Officer or employee: 904-259-0029</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>442069</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FIVE AREA TEL CO-OP</p>					
<p>Signature of Authorized Officer or employee: Mark Washington</p>				<p><small>Digitally signed by Mark Washington DN:cn=Mark Washington,email=markwa@fivearea.com,O=five area tel co-op,l=Muleshoe TX 79347, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Mark Washington</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 806-272-5533</p>					
Study Area Code of Reporting Carrier	442071		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: BORDER TO BORDER					
Signature of Authorized Officer or employee: Herman Roark Jr.				Digitally signed by Herman Roark Jr. DN:cn=Herman Roark Jr.,email=herman.roark@border2border.com,O=border to border,l= , Date:5/26/2017	
Date: 5/26/2017					
Printed name of Authorized Officer or employee: Herman Roark Jr.					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 956-936-2000					
Study Area Code of Reporting Carrier	442073		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GANADO TEL.</p>					
<p>Signature of Authorized Officer or employee: Bill Rakowitz</p>				<p><small>Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado tel.,l=Ganado TX 77962-0329, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Bill Rakowitz</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 361-771-3331</p>					
Study Area Code of Reporting Carrier	442076		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>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).</p>				
Name of Reporting Carrier Hill Country Telephone Cooperative, Inc.				
Signature of authorized officer <i>Willard R. Bass</i>			Date 5-22-2017	
Printed name of authorized officer Willard R. Bass				
Title or position of authorized officer Board President				
Telephone number of authorized officer: 830367-5333 ext.				
Study Area Code of Reporting Carrier 442086		Filing Due Date for this form (mm/dd/yyyy) 6/16/2017		
<p style="text-align: center;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALENCO COMMUNICATION</p>					
<p>Signature of Authorized Officer or employee: Ray Bussell</p>				<p>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communication,l=Joshua TX 76058, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Ray Bussell</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 817-447-0127</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>442090</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ETS TEL. CO., INC.</p>					
<p>Signature of Authorized Officer or employee: J. Findley</p>				<p>Digitally signed by J. Findley DN:cn=J. Findley,email=jfindley@entouchsystems.net,O=ets tel. co., inc.,l= , Date:5/18/2017</p>	
				<p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: J. Findley</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 281-225-0501</p>					
Study Area Code of Reporting Carrier	442091		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LA WARD TEL EXCHANGE</p>					
<p>Signature of Authorized Officer or employee: Terri Parker</p>				<p>Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward tel exchange,I=La Ward TX 77970-0246, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Terri Parker</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 361-872-2211</p>					
Study Area Code of Reporting Carrier	442103		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LIPAN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Beth Howard</p>				<p><small>Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=Lipan tel co,l=Lipan TX 76462, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Beth Howard</p>					
<p>Title or position of Authorized Officer or employee: Sec / Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 254-646-2211</p>					
Study Area Code of Reporting Carrier	442105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MUENSTER DBA NORTEX</p>					
<p>Signature of Authorized Officer or employee: Alan Rohmer</p>				<p>Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster dba nortex, Muenster TX 76252, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Alan Rohmer</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 940-759-2251</p>					
Study Area Code of Reporting Carrier	442116		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

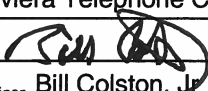
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PEOPLES TEL COOP -TX</p>					
<p>Signature of Authorized Officer or employee: Lloyd Steele</p>				<p>Digitally signed by Lloyd Steele DN:cn=Lloyd Steele,email=steven.steele@gopeoples.net,O=peoples tel coop -tx,l=Quitman TX 75783-0228, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Lloyd Steele</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 903-878-3132</p>					
Study Area Code of Reporting Carrier	442130		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: POKA-LAMBRO TEL COOP</p>					
<p>Signature of Authorized Officer or employee: David McEndree</p>				<p>Digitally signed by David McEndree DN:cn=David McEndree,email=dmc@poka.com,O=poka-lambro tel coop,l=Tahoka TX 79373-1340, Date:5/17/2017</p>	
				<p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: David McEndree</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 806-924-7234</p>					
Study Area Code of Reporting Carrier	442131		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Riviera Telephone Company, Inc				
Signature of authorized officer 			Date	05/22/17
Printed name of authorized officer Bill Colston, Jr				
Title or position of authorized officer President				
Telephone number of authorized officer: (361) 296-3232 , ext.				
Study Area Code of Reporting Carrier	442134		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SOUTHWEST TEXAS TEL</p>					
<p>Signature of Authorized Officer or employee: Gary Gilmer</p>				<p>Digitally signed by Gary Gilmer DN:cn=Gary Gilmer,email=gary@swtexas.com,O=southwest texas tel,l=Rocksprings TX 78880, Date:5/25/2017</p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Gary Gilmer</p>					
<p>Title or position of Authorized Officer or employee: President, CEO</p>					
<p>Telephone number of Authorized Officer or employee: 830-683-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>442135</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SANTA ROSA TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Jason Tole</p>				<p>Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/19/2017</p>	
				<p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Jason Tole</p>					
<p>Title or position of Authorized Officer or employee: Assistant GM / CFO</p>					
<p>Telephone number of Authorized Officer or employee: 940-886-2014</p>					
Study Area Code of Reporting Carrier	442141		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SOUTH PLAINS TEL</p>					
<p>Signature of Authorized Officer or employee: Scotty Hart</p>				<p>Digitally signed by Scotty Hart DN:cn=Scotty Hart,email=scotthart@sptc.net,O=south plains tel,l=Lubbock TX 79408-1379, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Scotty Hart</p>					
<p>Title or position of Authorized Officer or employee: CEO / General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 806-763-2301</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>442143</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TATUM TEL CO</p>					
<p>Signature of Authorized Officer or employee: Amanda Molina</p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=tatum tel co,lc= , Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Amanda Molina</p>					
<p>Title or position of Authorized Officer or employee: Vice President of External Relations</p>					
<p>Telephone number of Authorized Officer or employee: 904-259-0029</p>					
Study Area Code of Reporting Carrier	442150		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TAYLOR TEL CO-OP INC</p>					
<p>Signature of Authorized Officer or employee: Steve Singletary</p>				<p>Digitally signed by Steve Singletary DN:cn=Steve Singletary,email=steves@taylortel.net,O=taylor tel co-op inc,l=Merkel TX 79536, Date:5/17/2017</p>	
				<p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Steve Singletary</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 325-846-4111</p>					
Study Area Code of Reporting Carrier	442151		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: VALLEY TEL CO-OP -TX</p>					
<p style="text-align: center;">Dave Osborn</p>				<small>Digitally signed by Dave Osborn DN:cn=Dave Osborn,email=dave.osborn@vtx1.net,O=valley tel co-op -tx, Date:5/23/2017</small>	
<p>Signature of Authorized Officer or employee:</p>				<p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Dave Osborn</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 956-642-1124</p>					
<p>Study Area Code of Reporting Carrier</p>	442159		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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					West Texas Rural Telephone Cooperative, Inc.				
Signature of authorized officer						Date		5/24/2017	
Printed name of authorized officer				Amy Linzey					
Title or position of authorized officer				CEO/General Manager					
Telephone number of authorized officer:				(806) 364-3331 ext.					
Study Area Code of Reporting Carrier		442166		Filing Due Date for this form (mm/dd/yyyy)		6/16/2017			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WES-TEX TEL CO-OP</p>					
<p>Signature of Authorized Officer or employee: Darren Patrick</p>				<p>Digitally signed by Darren Patrick DN:cn=Darren Patrick,email=dpatrick@westex.coop,O=wes-tex tel co-op,l=Stanton TX 79782, Date:5/24/2017</p>	
				<p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Darren Patrick</p>					
<p>Title or position of Authorized Officer or employee: Executive VP/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 432-756-3393</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>442168</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


Certification of Officer for Rate-of-Return Carrier 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				XIT Rural Telephone Cooperative, Inc	
Signature of authorized officer			Date		05/25/17
Printed name of authorized officer			Darrell F. Dennis		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(806) 384-3311 ext.		
Study Area Code of Reporting Carrier		442170	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 ENMR Telephone Cooperative				
Signature of authorized officer 			Date	5-23-2017
Printed name of authorized officer David J. Robinson				
Title or position of authorized officer Chief Executive Officer				
Telephone number of authorized officer: (575) 389-5100				
Study Area Code of Reporting Carrier		442262	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Hopi Telecommunications, Inc	
Signature of authorized officer			Date		5/18/17
Printed name of authorized officer			CARROLL ONGAE		
Title or position of authorized officer			PRESIDENT AND General Manager		
Telephone number of authorized officer			928 522 8428		
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		6/16/2017	
450815					

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

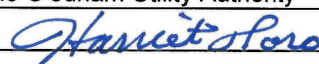
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SAN CARLOS APACHE</p>					
<p>Signature of Authorized Officer or employee: Shirley Ortiz</p>				<p>Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache,l=Peridot AZ 85542, Date:5/24/2017</p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: Shirley Ortiz</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 928-475-7058</p>					
Study Area Code of Reporting Carrier	452169		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Tohono O'odham Utility Authority	
Signature of authorized officer				Date	May 24, 2017
Printed name of authorized officer		Harriet Toro			
Title or position of authorized officer		Chairwoman			
Telephone number of authorized officer:		(520) 383 2236 ext.			
Study Area Code of Reporting Carrier		452173	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: VALLEY TEL COOP-AZ</p>					
<p>Signature of Authorized Officer or employee: Steven Metts</p>				<p><small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop-az,l=Willcox AZ 85644, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Steven Metts</p>					
<p>Title or position of Authorized Officer or employee: CEO / General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 520-384-2231</p>					
Study Area Code of Reporting Carrier	452176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GILA RIVER TELECOM.</p>					
<p>Signature of Authorized Officer or employee: Bruce Holdridge</p>				<p><small>Digitally signed by Bruce Holdridge DN:cn=Bruce Holdridge,email=bholdridge@gilarivertel.com,O=gila river telecom.,l= , Date:5/16/2017</small></p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Bruce Holdridge</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 520-796-3333</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>452179</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ACCIPITER DBA ZONA</p>					
<p>Signature of Authorized Officer or employee: Patrick Sherrill</p>				<p>Digitally signed by Patrick Sherrill DN:cn=Patrick Sherrill,email=psherrill@teamzona.com,O=accipiter dba zona,l= , Date:5/19/2017</p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: Patrick Sherrill</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 928-501-5000</p>					
Study Area Code of Reporting Carrier	452191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FORT MOJAVE TEL, INC</p>					
<p>Signature of Authorized Officer or employee: Linda Gutierrez</p>				<p>Digitally signed by Linda Gutierrez DN:cn=Linda Gutierrez,email=linfnti@fmojave.net,O=fort mojave tel, inc, Inc, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Linda Gutierrez</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 928-346-2521</p>					
Study Area Code of Reporting Carrier	452200		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MIDVALE-AZ</p>					
<p>Signature of Authorized Officer or employee: John Stuart</p>				<p>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale-az,l=Midvale ID 83645, Date:5/30/2017</p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: John Stuart</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 208-355-2211</p>					
Study Area Code of Reporting Carrier	452226		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

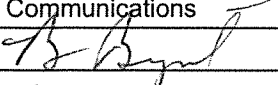
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: TABLE TOP TEL CO					
Signature of Authorized Officer or employee: Kristann Mattes				Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=table top tel co,l=O'Neals CA 93645, Date:5/26/2017 Date: 5/26/2017	
Printed name of Authorized Officer or employee: Kristann Mattes					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 559-868-6346					
Study Area Code of Reporting Carrier	453334		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 Saddleback Communications			
Signature of authorized officer 		Date	May 26, 2017
Printed name of authorized officer Bill Bryant			
Title or position of authorized officer President/General Manager			
Telephone number of authorized officer: (480) 362-7001 ext.			
Study Area Code of Reporting Carrier	457991	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SUNFLOWER TEL - CO</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=sunflower tel - co, Date:5/25/2017</p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	461835		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: AGATE MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Judy Hollembeak</p>				<p>Digitally signed by Judy Hollembeak DN:cn=Judy Hollembeak,email=amtca@amtca.net,O=agate mutual tel co,l=Agate CO 80101, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Judy Hollembeak</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 719-764-2578</p>					
Study Area Code of Reporting Carrier	462178		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BIJOU TEL COOP ASSOC</p>					
<p>Signature of Authorized Officer or employee: Brian Creveling</p>				<p><small>Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel coop assoc,lc= , Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: Brian Creveling</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 303-822-5400</p>					
Study Area Code of Reporting Carrier	462181		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BLANCA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Alan Wehe</p>				<p>Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca tel co,l=Alamosa CO 81101, Date:5/26/2017</p>	
				<p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Alan Wehe</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 719-379-3839</p>					
Study Area Code of Reporting Carrier	462182		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: EASTERN SLOPE RURAL</p>					
<p>Signature of Authorized Officer or employee: Patricia White</p>				<p>Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural, =Hugo CO 80821-0397, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Patricia White</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 719-743-2441</p>					
Study Area Code of Reporting Carrier	462186		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS TEL CO - CO</p>					
<p>Signature of Authorized Officer or employee: Douglas Pace</p>				<p><small>Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dpac@ftitel.net,O=farmers tel co - co,l=Pleasant View CO 81331-0369, Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Douglas Pace</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 970-562-0058</p>					
Study Area Code of Reporting Carrier	462188		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HAXTUN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Amanda Molina</p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=haxtun tel co, Inc., Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Amanda Molina</p>					
<p>Title or position of Authorized Officer or employee: Vice President of External Relations</p>					
<p>Telephone number of Authorized Officer or employee: 904-259-0029</p>					
Study Area Code of Reporting Carrier	462190		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BIG SANDY TELECOM</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=big sandy telecom,lc= , Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	462192		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NUCLA-NATURITA TEL</p>					
<p>Signature of Authorized Officer or employee: Kelly Tomlinson</p>				<p>Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucLA-naturita tel,l=NucLA CO 81424, Date:5/18/2017</p>	
				<p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Kelly Tomlinson</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 970-864-7335</p>					
Study Area Code of Reporting Carrier	462193		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 <i>Norfolk Telephone Company</i>				
Signature of authorized officer <i>[Signature]</i>		Date <i>5/25/17</i>		
Printed name of authorized officer <i>Gregory R. Grablander</i>				
Title or position of authorized officer <i>Manager</i>				
Telephone number of authorized officer: <i>978, 887 2200</i> , ext.				
Study Area Code of Reporting Carrier <i>46-2194</i>		Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</i>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SOUTH PARK TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: David Shipley</p>				<p>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@usch.com,O=south park tel. co.,l=Colorado City CO 81019-0166, Date:5/24/2017</p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: David Shipley</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 719-676-4151</p>					
Study Area Code of Reporting Carrier	462195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PEETZ COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kathy Glassburn</p>				<p>Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=peetztel@peetzplace.com,O=peetz coop tel co,l=Peetz CO 80747, Date:5/25/2017</p>	
				<p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Kathy Glassburn</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 970-334-2220</p>					
Study Area Code of Reporting Carrier	462196		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: PHILLIPS COUNTY TEL					
Signature of Authorized Officer or employee: Vincent Kropp				Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vince.kropp@pctelcom.org,O=phillips county tel,l=Holyoke CO 80734, Date:5/18/2017 Date: 5/18/2017	
Printed name of Authorized Officer or employee: Vincent Kropp					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 970-854-2201					
Study Area Code of Reporting Carrier	462197		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PINE DRIVE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Matthew Sellers</p>				<p><small>Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel co,l=Beulah CO 81023, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Matthew Sellers</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 719-485-3400</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>462198</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PLAINS COOP TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Mike Leerar</p>				<p>Digitally signed by Mike Leerar DN:cn=Mike Leerar,email=mab@plainstel.com,O=plains coop tel assn,l=Joes CO 80822, Date:5/19/2017</p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: Mike Leerar</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 970-358-4211</p>					
Study Area Code of Reporting Carrier	462199		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: RICO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Jeremy Smith</p>				<p>Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=rico tel co,l=Rockland ID 83271, Date:5/16/2017</p>	
				<p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Jeremy Smith</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 208-548-2345</p>					
Study Area Code of Reporting Carrier	462201		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ROGGEN TEL COOP CO</p>					
<p>Signature of Authorized Officer or employee: Peggy Manino</p>				<p>Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen tel coop co,l=Roggen CO 80652-0100, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Peggy Manino</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 303-849-5260</p>					
Study Area Code of Reporting Carrier	462202		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: RYE TELEPHONE CO					
Signature of Authorized Officer or employee: David Shipley				Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=rye telephone co,l=Colorado City CO 81019-0166, Date:5/24/2017	
				Date: 5/24/2017	
Printed name of Authorized Officer or employee: David Shipley					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 719-676-3131					
Study Area Code of Reporting Carrier	462203		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COLUMBINE ACQ CORP</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=columbine acq corp, Date:5/26/2017</small></p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>462204</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: STONEHAM COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Taya Northrup</p>				<p><small>Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham coop tel co,l=Stoneham CO 80754, Date:5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Taya Northrup</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 970-735-2251</p>					
Study Area Code of Reporting Carrier	462206		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WIGGINS TEL ASSOC</p>					
<p>Signature of Authorized Officer or employee: Terry Hendrickson</p>				<p><small>Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wigginstel.com,O=wiggins tel assoc,l=Wiggins CO 80654-0690, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Terry Hendrickson</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 970-483-7343</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>462209</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WILLARD TEL CO</p>					
<p>Signature of Authorized Officer or employee: Aimee Dollerschell</p>				<p>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel co,lc= , Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Aimee Dollerschell</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 970-228-4571</p>					
Study Area Code of Reporting Carrier	462210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALBION TEL CO-ATC</p>					
<p>Signature of Authorized Officer or employee: Rich Redman</p>				<p>Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc,l=Albion ID 83311, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Rich Redman</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 208-673-5335</p>					
Study Area Code of Reporting Carrier	472213		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CAMBRIDGE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kristie Kanady</p>				<p>Digitally signed by Kristie Kanady DN:cn=Kristie Kanady,email=kkanady@ctctele.com,O=cambridge tel co, Date:5/19/2017</p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: Kristie Kanady</p>					
<p>Title or position of Authorized Officer or employee: Billing Manager</p>					
<p>Telephone number of Authorized Officer or employee: 208-257-3314</p>					
Study Area Code of Reporting Carrier	472215		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CUSTER TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Dennis Thornock</p>				<p><small>Digitally signed by Dennis Thornock DN:cn=Dennis Thornock,email=dennis@custertel.net,O=custer tel coop,l=Challis ID 83226, Date:5/19/2017</small></p>	
<p>Date: 5/19/2017</p>					
<p>Printed name of Authorized Officer or employee: Dennis Thornock</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 208-879-2281</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>472218</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: FILER MUTUAL TEL -ID					
Signature of Authorized Officer or employee: Steve Cowger				<small>Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -id,l=Filer ID 83328, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer or employee: Steve Cowger					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 208-326-4339					
Study Area Code of Reporting Carrier	472220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: FARMERS MUTUAL TEL					
Signature of Authorized Officer or employee: Daniel Greig <small>Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel,l=Fruitland ID 83619, Date:5/25/2017</small>				Date: 5/25/2017	
Printed name of Authorized Officer or employee: Daniel Greig					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 208-452-3100					
Study Area Code of Reporting Carrier	472221		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: MIDVALE TEL EXCH INC					
Signature of Authorized Officer or employee: John Stuart				Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale tel exch inc,l=Midvale ID 83645, Date:5/30/2017	
				Date: 5/30/2017	
Printed name of Authorized Officer or employee: John Stuart					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 208-355-2211					
Study Area Code of Reporting Carrier	472226		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MUD LAKE TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Justin Petersen</p>				<p>Digitally signed by Justin Petersen DN:cn=Justin Petersen,email=petersen.j@mudlake.net,O=mud lake tel coop,l=Dubois ID 83423, Date:5/20/2017</p>	
				<p>Date: 5/20/2017</p>	
<p>Printed name of Authorized Officer or employee: Justin Petersen</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 208-374-5401</p>					
Study Area Code of Reporting Carrier	472227		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PROJECT MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Rick Harder</p>				<p>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel, Date:5/25/2017</p>	
<p>Date: 5/25/2017</p>					
<p>Printed name of Authorized Officer or employee: Rick Harder</p>					
<p>Title or position of Authorized Officer or employee: CFO/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 208-434-7124</p>					
Study Area Code of Reporting Carrier	472231		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: DIRECT COMM-ROCKLAND					
Signature of Authorized Officer or employee: Leonard May				Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland,l=Rockland ID 83271, Date:5/16/2017	
				Date: 5/16/2017	
Printed name of Authorized Officer or employee: Leonard May					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 208-548-2345					
Study Area Code of Reporting Carrier	472232		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 Rural Telephone Company - ID				
Signature of authorized officer 			Date	05/23/2017
Printed name of authorized officer Michael J. Martell				
Title or position of authorized officer Vice-President				
Telephone number of authorized officer: (208) 366-2614				
Study Area Code of Reporting Carrier 472233		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Columbine Telephone Company dba Silver Star Communications			
Signature of authorized officer		<i>B Sessions</i>		Date		May 19, 2017	
Printed name of authorized officer		Barbara Sessions					
Title or position of authorized officer		Chief Financial Officer					
Telephone number of authorized officer:		(307) 883-6672					
Study Area Code of Reporting Carrier		472295		Filing Due Date for this form (mm/dd/yyyy)		6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: INLAND TEL-ID					
Signature of Authorized Officer or employee: James Brooks <small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel-id,l=Roslyn WA 98941, Date:5/24/2017</small>				Date: 5/24/2017	
Printed name of Authorized Officer or employee: James Brooks					
Title or position of Authorized Officer or employee: Treasurer/Controller/Reg. Manager					
Telephone number of Authorized Officer or employee: 509-649-2211					
Study Area Code of Reporting Carrier	472423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HOT SPRINGS TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kathe Johnson</p>				<p>Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/30/2017</p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Kathe Johnson</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 406-721-0846</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>482241</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

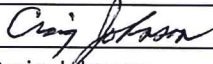
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: INTERBEL TEL COOP					
Signature of Authorized Officer or employee: Randy Wilson				Digitally signed by Randy Wilson DN:cn=Randy Wilson,email=rwilson@interbel.com,O=interbel tel coop,l=Eureka MT 59917, Date:5/24/2017	
				Date: 5/24/2017	
Printed name of Authorized Officer or employee: Randy Wilson					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 406-889-3311					
Study Area Code of Reporting Carrier	482242		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LINCOLN TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Ken Lumpkin</p>				<p><small>Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincel.net,O=lincoln tel co inc,lc= , Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Ken Lumpkin</p>					
<p>Title or position of Authorized Officer or employee: General Manager / Secretary / Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 406-362-4216</p>					
<p>Study Area Code of Reporting Carrier</p>	482244		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Mid-Rivers Telephone Cooperative, Inc.				
Signature of authorized officer 			Date	May 18, 2017
Printed name of authorized officer Craig Johnson				
Title or position of authorized officer President				
Telephone number of authorized officer: (406) 485-3301 ext.				
Study Area Code of Reporting Carrier	482246	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

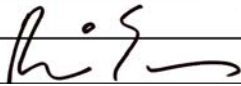
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTHERN TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Mike Sheard</p>				<p><small>Digitally signed by Mike Sheard DN:cn=Mike Sheard,email=accounting@northerntel.net,O=northern tel coop,l=Sunburst MT 59482, Date: 5/22/2017</small></p> <p>Date: 5/22/2017</p>	
<p>Printed name of Authorized Officer or employee: Mike Sheard</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 406-937-9661</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>482248</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				PROJECT TEL CO	
Signature of authorized officer					Date
Printed name of authorized officer			REMI SUN		
Title or position of authorized officer			CHIEF FINANCIAL OFFICER		
Telephone number of authorized officer:			(406) 783-2358		
Study Area Code of Reporting Carrier		482250	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: RANGE TEL COOP-MT</p>					
<p>Signature of Authorized Officer or employee: Gail Rainey</p>				<p><small>Digitally signed by Gail Rainey DN: cn=Gail Rainey, email=gail.rainey@rangetel.coop, O=range tel coop-mt, c=Forsyth MT 59327, Date: 5/16/2017</small></p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Gail Rainey</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 406-347-2859</p>					
<p>Study Area Code of Reporting Carrier</p>	482251		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: SOUTHERN MONTANA TEL					
Signature of Authorized Officer or employee: Larry Mason				Digitally signed by Larry Mason DN:cn=Larry Mason,email=L.Mason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/16/2017 Date: 5/16/2017	
Printed name of Authorized Officer or employee: Larry Mason					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 406-689-3333					
Study Area Code of Reporting Carrier	482254		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: 3-RIVERS TEL COOP					
Signature of Authorized Officer or employee: Bradley Veis				Digitally signed by Bradley Veis DN:cn=Bradley Veis,email=brad.veis@3rivers.coop,O=3-rivers tel coop,l=Fairfield MT 59436-0429, Date:5/22/2017	
				Date: 5/22/2017	
Printed name of Authorized Officer or employee: Bradley Veis					
Title or position of Authorized Officer or employee: Director of Finance/CFO					
Telephone number of Authorized Officer or employee: 406-467-4405					
Study Area Code of Reporting Carrier	482255		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

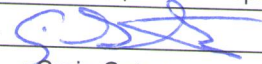
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TRIANGLE TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Craig Gates</p>				<p><small>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel coop,l=Havre MT 59501, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Craig Gates</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 406-394-7807</p>					
Study Area Code of Reporting Carrier	482257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Triangle Telephone Cooperative, Assn., Inc.			
Signature of authorized officer		Date	07/11/2017
Printed name of authorized officer Craig Gates			
Title or position of authorized officer CEO/GM			
Telephone number of authorized officer: (406) 394-7807 ext.			
Study Area Code of Reporting Carrier	482257	Filing Due Date for this form (mm/dd/yyyy)	July 2017

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TRIANGLE-CMC</p>					
<p>Signature of Authorized Officer or employee: Craig Gates</p>				<p>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle-cmc,l=Havre MT 59501, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Craig Gates</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 406-394-7807</p>					
Study Area Code of Reporting Carrier	483310		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Triangle - CMC	
Signature of authorized officer			Date		07/11/2017
Printed name of authorized officer					
Craig Gates					
Title or position of authorized officer					
CEO/GM					
Telephone number of authorized officer: (406) 394-7807 ext.					
Study Area Code of Reporting Carrier		483310	Filing Due Date for this form (mm/dd/yyyy)	July 2017	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MESCALERO APACHE</p>					
<p>Signature of Authorized Officer or employee: Godfrey Enjady</p>				<p>Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache, Mescalero NM 88340, Date:5/24/2017</p>	
				<p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Godfrey Enjady</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 505-795-5555</p>					
Study Area Code of Reporting Carrier	491231		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: DELL TEL CO-OP - NM					
Signature of Authorized Officer or employee: Marcy Guillen				Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel co-op - nm,l= , Date:5/17/2017	
Date: 5/17/2017					
Printed name of Authorized Officer or employee: Marcy Guillen					
Title or position of Authorized Officer or employee: Office Manager					
Telephone number of Authorized Officer or employee: 915-964-2352					
Study Area Code of Reporting Carrier	492066		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: VALLEY TEL COOP - NM</p>					
<p>Signature of Authorized Officer or employee: Steven Metts</p>				<p><small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop - nm,l=Willcox AZ 85644, Date: 5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Steven Metts</p>					
<p>Title or position of Authorized Officer or employee: CEO / General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 520-384-2231</p>					
<p>Study Area Code of Reporting Carrier</p>	492176		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BACA VALLEY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Paul Briesh</p>				<p>Digitally signed by Paul Briesh DN:cn=Paul Briesh,email=paulbvt@bacavalley.com,O=baca valley tel co,l=Des Moines NM 88418, Date:5/22/2017</p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: Paul Briesh</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 575-278-2101</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>492259</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 ENMR Telephone Cooperative			
Signature of authorized officer 		Date	5-23-2017
Printed name of authorized officer David J. Robinson			
Title or position of authorized officer Chief Executive Officer			
Telephone number of authorized officer: (575) 389-5100			
Study Area Code of Reporting Carrier	492262	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LA JICARITA RURAL</p>					
<p>Signature of Authorized Officer or employee: Danny Gray</p>				<p><small>Digitally signed by Danny Gray DN:cn=Danny Gray,email=dgray@lajicarita.com,O=la jicarita rural,/=Mora NM 87732-0269, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Danny Gray</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 575-387-2216</p>					
Study Area Code of Reporting Carrier	492263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Leaco Rural Telephone Cooperative, Inc.			
Signature of authorized officer Dale Snider		Date	5/30/2017
Printed name of authorized officer Dale Snider			
Title or position of authorized officer CEO			
Telephone number of authorized officer: (575 399 8225 ext.			
Study Area Code of Reporting Carrier	492264	Filing Due Date for this form. (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: Tularosa Basin Tel.</p>					
<p>Signature of Authorized Officer or employee: Joshua Beug</p>				<p>Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbt.net,O=tularosa basin tel.,l= , Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Joshua Beug</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 575-585-0125</p>					
Study Area Code of Reporting Carrier	492265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: WESTERN NEW MEXICO					
Signature of Authorized Officer or employee: John Francis				Digitally signed by John Francis DN:cn=John Francis,email=jfrancis@wnmt.com,O=western new mexico,l=Silver City NM 88061, Date:5/25/2017 Date: 5/25/2017	
Printed name of Authorized Officer or employee: John Francis					
Title or position of Authorized Officer or employee: Exec. Vice President					
Telephone number of Authorized Officer or employee: 575-535-2230					
Study Area Code of Reporting Carrier	492268		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: PENASCO VALLEY TEL					
Signature of Authorized Officer or employee: Kevin Bartley <small>Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel,lc=, Date:5/30/2017</small>				Date: 5/30/2017	
Printed name of Authorized Officer or employee: Kevin Bartley					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 575-748-1241					
Study Area Code of Reporting Carrier	492270		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ROOSEVELT CNTY RURAL</p>					
<p>Signature of Authorized Officer or employee: Cecile Archibeque</p>				<p><small>Digitally signed by Cecile Archibeque DN: cn=Cecile Archibeque, email=cecile@yuccatelecom.com, O=roosevelt cnty rural, l=Portales NM 88130-0867, Date: 5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Cecile Archibeque</p>					
<p>Title or position of Authorized Officer or employee: General Manager/EO</p>					
<p>Telephone number of Authorized Officer or employee: 575-226-2255</p>					
Study Area Code of Reporting Carrier	492272		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: SACRED WIND					
Signature of Authorized Officer or employee: John Badal				Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind, Inc., Date:5/23/2017	
Date: 5/23/2017					
Printed name of Authorized Officer or employee: John Badal					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 505-821-5080					
Study Area Code of Reporting Carrier	493403		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: DIRECTCOMM-CEDAR VAL</p>					
<p>Signature of Authorized Officer or employee: Kip Wilson</p>				<p><small>Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=directcomm-cedar val,l=Rockland ID 83271, Date:5/16/2017</small></p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Kip Wilson</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 208-548-2345</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>500758</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CENTRAL UTAH TEL INC</p>					
<p>Signature of Authorized Officer or employee: Mike Plows</p>				<p><small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc,lc=, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Mike Plows</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 425-275-1013</p>					
Study Area Code of Reporting Carrier	502277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: GUNNISON TEL CO					
Signature of Authorized Officer or employee: Natalie Gleave				Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel co,l=Gunnison UT 84634, Date:5/16/2017 Date: 5/16/2017	
Printed name of Authorized Officer or employee: Natalie Gleave					
Title or position of Authorized Officer or employee: Controller/Director					
Telephone number of Authorized Officer or employee: 435-528-7236					
Study Area Code of Reporting Carrier	502279		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MANTI TEL CO</p>					
<p>Signature of Authorized Officer or employee: Dallas Cox</p>				<p>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,lc= , Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Dallas Cox</p>					
<p>Title or position of Authorized Officer or employee: Vice President and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 435-835-3391</p>					
Study Area Code of Reporting Carrier	502282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SKYLINE TELECOM</p>					
<p>Signature of Authorized Officer or employee: Mike Plows</p>				<p><small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc= , Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Mike Plows</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 425-275-1013</p>					
Study Area Code of Reporting Carrier	502283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: BEEHIVE TEL CO - UT					
Signature of Authorized Officer or employee: Jacob Warner				Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - ut,= , Date:5/16/2017	
Date: 5/16/2017					
Printed name of Authorized Officer or employee: Jacob Warner					
Title or position of Authorized Officer or employee: President/General Manager					
Telephone number of Authorized Officer or employee: 435-837-6000					
Study Area Code of Reporting Carrier	502284		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SOUTH CENTRAL UTAH</p>					
<p>Signature of Authorized Officer or employee: Michael East</p>				<p><small>Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah, Date:5/17/2017</small></p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Michael East</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 435-826-4211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>502286</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALL WEST COMM-UT</p>					
<p>Signature of Authorized Officer or employee: Jenny Prescott</p>				<p>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/21/2017</p>	
<p>Date: 5/21/2017</p>					
<p>Printed name of Authorized Officer or employee: Jenny Prescott</p>					
<p>Title or position of Authorized Officer or employee: VP Customer Service & Finance</p>					
<p>Telephone number of Authorized Officer or employee: 435-783-4913</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>502288</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BEAR LAKE COMM</p>					
<p>Signature of Authorized Officer or employee: Mike Plows</p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,l= , Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Mike Plows</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 425-275-1013</p>					
Study Area Code of Reporting Carrier	503032		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: RANGE TEL COOP - WY</p>					
<p>Signature of Authorized Officer or employee: Gail Rainey</p>				<p><small>Digitally signed by Gail Rainey DN: cn=Gail Rainey, email=gail.rainey@rangetel.coop, O=range tel coop - wy, l=Forsyth MT 59327, Date: 5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Gail Rainey</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 406-347-2859</p>					
Study Area Code of Reporting Carrier	512251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: CHUGWATER TEL CO					
Signature of Authorized Officer or employee: James Moberly				Digitally signed by James Moberly DN:cn=James Moberly,email=jmoberly@mwtcorp.net,O=chugwater tel co,l=Chugwater WY 82210, Date:5/24/2017	
				Date: 5/24/2017	
Printed name of Authorized Officer or employee: James Moberly					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 307-422-3535					
Study Area Code of Reporting Carrier	512289		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: ALL WEST COMM.-WY					
Signature of Authorized Officer or employee: Jenny Prescott				Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm.-wy,l=Kamas UT 84036, Date:5/21/2017	
				Date: 5/21/2017	
Printed name of Authorized Officer or employee: Jenny Prescott					
Title or position of Authorized Officer or employee: VP Customer Service & Finance					
Telephone number of Authorized Officer or employee: 435-783-4913					
Study Area Code of Reporting Carrier	512290		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Dubois Telephone Exchange, Inc.	
Signature of authorized officer			Date		5/16/17
Printed name of authorized officer			Michael J. Kenney		
Title or position of authorized officer			Vice President/General Manager		
Telephone number of authorized officer:			(307) 455-2341 ext.		
Study Area Code of Reporting Carrier		512291	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Silver Star Tel Co. Inc.			
Signature of authorized officer <i>B Sessions</i>		Date	May 19, 2017
Printed name of authorized officer Barbara Sessions			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (307) 883-6672			
Study Area Code of Reporting Carrier	512295	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WESTGATE dba WEAVTEL</p>					
<p>Signature of Authorized Officer or employee: Richard Weaver</p>				<p>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel, =Chelan WA 98816, Date:5/22/2017</p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: Richard Weaver</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 509-682-5556</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>520580</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SKYLINE TELECOM CO.</p>					
<p>Signature of Authorized Officer or employee: Delinda Kluser</p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom co.,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</p>	
				<p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Delinda Kluser</p>					
<p>Title or position of Authorized Officer or employee: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-932-4411</p>					
Study Area Code of Reporting Carrier	520581		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

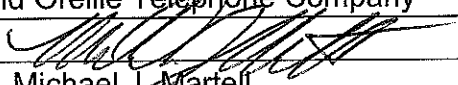
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ELLENSBURG TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=ellensburg tel co, Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	522412		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HAT ISLAND TEL CO</p>					
<p>Signature of Authorized Officer or employee: Frank McIntyre</p>				<p><small>Digitally signed by Frank McIntyre DN:cn=Frank McIntyre,email=frank.mcintyre@whidbeytel.com,O=hat island tel co, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Frank McIntyre</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 360-321-0088</p>					
Study Area Code of Reporting Carrier	522417		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Pend Oreille Telephone Company				
Signature of authorized officer 			Date	05/23/2017
Printed name of authorized officer Michael J. Martell				
Title or position of authorized officer Vice-President				
Telephone number of authorized officer: (208) 366-2614				
Study Area Code of Reporting Carrier		522418	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HOOD CANAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Richard Buechel</p>				<p>Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal tel co,l=Union WA 98592, Date:5/18/2017</p>	
				<p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Richard Buechel</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 360-898-2481</p>					
Study Area Code of Reporting Carrier	522419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: INLAND TEL CO -WA</p>					
<p>Signature of Authorized Officer or employee: James Brooks</p>				<p>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel co -wa,l=Roslyn WA 98941, Date:5/24/2017</p>	
				<p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: James Brooks</p>					
<p>Title or position of Authorized Officer or employee: Treasurer/Controller/Reg. Manager</p>					
<p>Telephone number of Authorized Officer or employee: 509-649-2211</p>					
Study Area Code of Reporting Carrier	522423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: KALAMA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Rick Vitzthum</p>				<p>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama tel co,l=Tenino WA 98589, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Rick Vitzthum</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 360-264-3155</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>522426</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Mashell Telecom, Inc.	
Signature of authorized officer					Date
Printed name of authorized officer			Danielle Clausen		
Title or position of authorized officer			Controller		
Telephone number of authorized officer:			(360) 832-4130		
Study Area Code of Reporting Carrier		522431	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PIONEER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Dallas Filan</p>				<small>Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer tel co,l=Lacrosse WA 99143, Date:5/18/2017</small> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Dallas Filan</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 509-549-3511</p>					
Study Area Code of Reporting Carrier	522437		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ST. JOHN TEL.					
Signature of Authorized Officer or employee: Eric Trump				Digitally signed by Eric Trump DN:cn=Eric Trump,email=eric@stjohncable.com,O=st. john tel.,I=St. John WA 99171, Date:5/19/2017	
				Date: 5/19/2017	
Printed name of Authorized Officer or employee: Eric Trump					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 509-648-3322					
Study Area Code of Reporting Carrier	522442		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TENINO TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Rick Vitzthum</p>				<p>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino telephone co,l=Tenino WA 98589, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Rick Vitzthum</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 360-264-3155</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>522446</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TOLEDO TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Philip Cappalonga</p>				<p>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co., Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Philip Cappalonga</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 360-864-2004</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>522447</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				WESTERN WAHIAKUM COUNTY TELEPHONE COMPANY	
Signature of authorized officer			Date		05/22/2017
Printed name of authorized officer			STEVEN M. APPELO		
Title or position of authorized officer			PRESIDENT		
Telephone number of authorized officer:			(360) 465-2211 ext.		
Study Area Code of Reporting Carrier		522451	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: WHIDBEY TEL CO.					
Signature of Authorized Officer or employee: Frank McIntyre				Digitally signed by Frank McIntyre DN:cn=Frank McIntyre,email=frank.mcintyre@whidbeytel.com,O=whidbey tel co.,l= , Date:5/25/2017	
Date: 5/25/2017					
Printed name of Authorized Officer or employee: Frank McIntyre					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 360-321-0088					
Study Area Code of Reporting Carrier	522452		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: YCOM NETWORKS, INC.</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=ycom networks, inc.,l= , Date:5/26/2017</small></p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>522453</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: BEAVER CREEK COOP					
Signature of Authorized Officer or employee: Paul Hauer				Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=beaver creek coop,l=Mt. Angel OR 97362, Date:5/30/2017	
				Date: 5/30/2017	
Printed name of Authorized Officer or employee: Paul Hauer					
Title or position of Authorized Officer or employee: CEO/President					
Telephone number of Authorized Officer or employee: 503-845-4433					
Study Area Code of Reporting Carrier	532359		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: CANBY TEL ASSN					
Signature of Authorized Officer or employee: Paul Hauer				Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby tel assn,l=Mt. Angel OR 97362, Date:5/30/2017	
				Date: 5/30/2017	
Printed name of Authorized Officer or employee: Paul Hauer					
Title or position of Authorized Officer or employee: CEO/President					
Telephone number of Authorized Officer or employee: 503-632-6314					
Study Area Code of Reporting Carrier	532362		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: CLEAR CREEK MUTUAL					
Signature of Authorized Officer or employee: Mitchell Moore				Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual, Date:5/18/2017	
				Date: 5/18/2017	
Printed name of Authorized Officer or employee: Mitchell Moore					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 503-631-2101					
Study Area Code of Reporting Carrier	532363		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COLTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Stephanie Sauvageau</p>				<p>Digitally signed by Stephanie Sauvageau DN: cn=Stephanie Sauvageau, email=stephanie@coltontel.com, O=colton tel co, l=Colton OR 97017, Date: 5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Stephanie Sauvageau</p>					
<p>Title or position of Authorized Officer or employee: Accountant</p>					
<p>Telephone number of Authorized Officer or employee: 503-824-5863</p>					
Study Area Code of Reporting Carrier	532364		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: EAGLE TEL SYSTEMS</p>					
<p>Signature of Authorized Officer or employee: Mike Lattin</p>				<p>Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,l=Richland OR 97870, Date:5/30/2017</p>	
				<p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Mike Lattin</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-893-6111</p>					
Study Area Code of Reporting Carrier	532369		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: CASCADE UTIL INC					
Signature of Authorized Officer or employee: Brooke Wheeler				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade util inc,l=Estacada OR 97023, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer or employee: Brooke Wheeler					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 503-630-8952					
Study Area Code of Reporting Carrier	532371		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GERVAIS-DATAVISION</p>					
<p>Signature of Authorized Officer or employee: Renee Willer</p>				<p>Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais-datavision, I=Gervais OR 97026, Date:5/30/2017</p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Renee Willer</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 503-792-3611</p>					
Study Area Code of Reporting Carrier	532373		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Roome Telecommunications Inc	
Signature of authorized officer			Date		5-16-17
Printed name of authorized officer			Randal L Roome		
Title or position of authorized officer			President		
Telephone number of authorized officer: (541) 369-2211 ext.					
Study Area Code of Reporting Carrier		532375	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HELIX TEL CO.</p>					
<p>Signature of Authorized Officer or employee: James Smith</p>				<p><small>Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix tel co.,l=Helix OR 97385, Date:5/23/2017</small></p> <p>Date: 5/23/2017</p>	
<p>Printed name of Authorized Officer or employee: James Smith</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 541-457-2385</p>					
<p>Study Area Code of Reporting Carrier</p>	532376		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HOME TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Delinda Kluser</p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=home telephone co,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Delinda Kluser</p>					
<p>Title or position of Authorized Officer or employee: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-932-4411</p>					
Study Area Code of Reporting Carrier	532377		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TRANS-CASCADES TEL</p>					
<p>Signature of Authorized Officer or employee: Brooke Wheeler</p>				<p>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades tel,l=Estacada OR 97023, Date:5/30/2017</p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Brooke Wheeler</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 503-630-8952</p>					
Study Area Code of Reporting Carrier	532378		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MOLALLA TEL CO.</p>					
<p>Signature of Authorized Officer or employee: Terry Simms</p>				<p><small>Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla tel co.,l=Molalla OR 97038, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Terry Simms</p>					
<p>Title or position of Authorized Officer or employee: Vice President/CFO</p>					
<p>Telephone number of Authorized Officer or employee: 503-829-1122</p>					
<p>Study Area Code of Reporting Carrier</p>	532383		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: MONITOR COOP TEL					
Signature of Authorized Officer or employee: Stephanie Sauvageau				Digitally signed by Stephanie Sauvageau DN: cn=Stephanie Sauvageau, email=stephanie@coltontel.com, O=monitor coop tel, Date: 5/26/2017	
Date: 5/26/2017					
Printed name of Authorized Officer or employee: Stephanie Sauvageau					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 503-634-2266					
Study Area Code of Reporting Carrier	532384		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

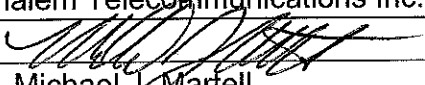
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MONROE TELEPHONE CO.</p>					
<p>Signature of Authorized Officer or employee: David Mills</p>				<p><small>Digitally signed by David Mills DN:cn=David Mills,email=NECAaffairs@monroetel.com,O=monroe telephone co.,l=Monroe OR 97456-0130, Date:5/26/2017</small></p> <p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: David Mills</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 541-847-5135</p>					
Study Area Code of Reporting Carrier	532385		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CANBY-MT ANGEL</p>					
<p>Signature of Authorized Officer or employee: Paul Hauer</p>				<p>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby-mt angel,/=Mt. Angel OR 97362, Date:5/30/2017</p>	
				<p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Paul Hauer</p>					
<p>Title or position of Authorized Officer or employee: CEO/President</p>					
<p>Telephone number of Authorized Officer or employee: 503-632-6314</p>					
Study Area Code of Reporting Carrier	532386		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: Nehalem Telecommunications Inc.				
Signature of authorized officer: 			Date	05/23/2017
Printed name of authorized officer: Michael J. Martell				
Title or position of authorized officer: Vice-President				
Telephone number of authorized officer: (208) 366-2614 ext.				
Study Area Code of Reporting Carrier: 532387		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTH STATE TEL CO.</p>					
<p>Signature of Authorized Officer or employee: Delinda Kluser</p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state tel co.,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</p>	
				<p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Delinda Kluser</p>					
<p>Title or position of Authorized Officer or employee: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-932-4411</p>					
Study Area Code of Reporting Carrier	532388		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: OREGON TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Delinda Kluser</p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Delinda Kluser</p>					
<p>Title or position of Authorized Officer or employee: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-932-4411</p>					
Study Area Code of Reporting Carrier	532389		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: OREGON-IDAHO UTIL.</p>					
<p>Signature of Authorized Officer or employee: Justin Perez</p>				<p>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho util.,l=Nampa ID 83653, Date:5/19/2017</p>	
				<p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Justin Perez</p>					
<p>Title or position of Authorized Officer or employee: Controller / Corporate Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 208-461-7802</p>					
Study Area Code of Reporting Carrier	532390		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PEOPLES TEL CO. - OR</p>					
<p>Signature of Authorized Officer or employee: Curt Thornton</p>				<p><small>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples tel co. - or,l=Stayton OR 97383, Date:5/17/2017</small></p> <p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Curt Thornton</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 503-769-2121</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>532391</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PINE TEL SYSTEM INC.</p>					
<p>Signature of Authorized Officer or employee: Delinda Kluser</p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=pine tel system inc.,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</p>	
<p>Date: 5/17/2017</p>					
<p>Printed name of Authorized Officer or employee: Delinda Kluser</p>					
<p>Title or position of Authorized Officer or employee: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-932-4411</p>					
Study Area Code of Reporting Carrier	532392		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: PIONEER TEL COOP					
Signature of Authorized Officer or employee: Michael Whalen				Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,l=Philomath OR 97370-0631, Date:5/24/2017	
Date: 5/24/2017					
Printed name of Authorized Officer or employee: Michael Whalen					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 541-929-8256					
Study Area Code of Reporting Carrier	532393		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ST PAUL COOP ASSN</p>					
<p>Signature of Authorized Officer or employee: Nick Schneider</p>				<p><small>Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,l=St. Paul OR 97137, Date:5/24/2017</small></p> <p>Date: 5/24/2017</p>	
<p>Printed name of Authorized Officer or employee: Nick Schneider</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 503-633-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>532396</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SCIO MUTUAL TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Thomas Barth</p>				<p>Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tom.barth@smta.coop,O=scio mutual tel assn,l=Scio OR 97374, Date:5/22/2017</p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: Thomas Barth</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 503-394-3366</p>					
Study Area Code of Reporting Carrier	532397		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: STAYTON COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Curt Thornton</p>				<p>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=stayton coop tel co,l=Stayton OR 97383, Date:5/17/2017</p>	
				<p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Curt Thornton</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 503-769-2121</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>532399</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: OREGON TEL CORP-MTE</p>					
<p>Signature of Authorized Officer or employee: Delinda Kluser</p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</p>	
				<p>Date: 5/17/2017</p>	
<p>Printed name of Authorized Officer or employee: Delinda Kluser</p>					
<p>Title or position of Authorized Officer or employee: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-932-4411</p>					
Study Area Code of Reporting Carrier	533336		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: CALAVERAS TEL CO					
Signature of Authorized Officer or employee: Rose Cullen				Digitally signed by Rose Cullen DN:cn=Rose Cullen,email=rose.cullen@caltel.com,O=calaveras tel co,l=Copperopolis CA 95228, Date:5/30/2017	
				Date: 5/30/2017	
Printed name of Authorized Officer or employee: Rose Cullen					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 209-785-2211					
Study Area Code of Reporting Carrier	542301		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CAL-ORE TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Waihun Yee</p>				<p>Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@calore.net,O=cal-ore telephone co,l=Dorris CA 96023-0847, Date:5/30/2017</p>	
<p>Date: 5/30/2017</p>					
<p>Printed name of Authorized Officer or employee: Waihun Yee</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 530-397-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>542311</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: DUCOR TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Eric Votaw</p>				<p>Digitally signed by Eric Votaw DN:cn=Eric Votaw,email=evotaw@ducortelco.com,O=ducor telephone co,l=Bakersfield CA 93384-2230, Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Eric Votaw</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 661-834-7700</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>542313</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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

Signature of authorized officer *Jennifer Vellucci*

Date

Printed name of authorized officer

Title or position of authorized officer

Telephone number of authorized officer: () - , ext.

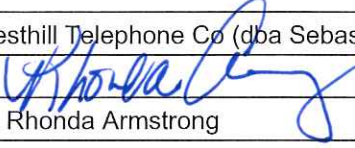
Study Area Code of Reporting Carrier

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

August 2017

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Foresthill Telephone Co (dba Sebastian)			
Signature of authorized officer 		Date	5/16/17
Printed name of authorized officer Rhonda Armstrong			
Title or position of authorized officer Vice President - Operations			
Telephone number of authorized officer: (559) 846-7780, ext.			
Study Area Code of Reporting Carrier	542318	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Kerman Telephone Co (dba Sebastian)	
Signature of authorized officer			Date		5/16/17
Printed name of authorized officer			Rhonda Armstrong		
Title or position of authorized officer			Vice President - Operations		
Telephone number of authorized officer:			(559) 846-7780		
Study Area Code of Reporting Carrier		542324	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: THE PONDEROSA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kristann Mattes</p>				<p>Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=the ponderosa tel co,l=O'Neals CA 93645, Date:5/26/2017</p>	
				<p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Kristann Mattes</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 559-868-6346</p>					
Study Area Code of Reporting Carrier	542332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: SIERRA TELEPHONE CO					
Signature of Authorized Officer or employee: Cynthia Huber				Digitally signed by Cynthia Huber DN:cn=Cynthia Huber,email=cindyh@stcg.net,O=sierra telephone co,l=Oakhurst CA 93644, Date:5/22/2017	
				Date: 5/22/2017	
Printed name of Authorized Officer or employee: Cynthia Huber					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 559-642-0209					
Study Area Code of Reporting Carrier	542338		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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					Siskiyou Telephone Company					
Signature of authorized officer				<i>James T. Lowers</i>			Date		05/19/2017	
Printed name of authorized officer				James T. Lowers						
Title or position of authorized officer				President						
Telephone number of authorized officer:				(530) 467-6000						
Study Area Code of Reporting Carrier			542339		Filing Due Date for this form (mm/dd/yyyy)		6/16/2017			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: VOLCANO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Brenda Shepard</p>				<p><small>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano tel co, Date:5/18/2017</small></p> <p>Date: 5/18/2017</p>	
<p>Printed name of Authorized Officer or employee: Brenda Shepard</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 209-296-1447</p>					
Study Area Code of Reporting Carrier	542343		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: PINNACLES TEL CO					
Signature of Authorized Officer or employee: Steven Bryan				Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co, Inc., Date:5/30/2017	
Date: 5/30/2017					
Printed name of Authorized Officer or employee: Steven Bryan					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 831-389-4500					
Study Area Code of Reporting Carrier	542346		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: FILER MUTUAL TEL -NV					
Signature of Authorized Officer or employee: Steve Cowger <small>Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -nv,l=Filer ID 83328, Date:5/17/2017</small>				Date: 5/17/2017	
Printed name of Authorized Officer or employee: Steve Cowger					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 208-326-4339					
Study Area Code of Reporting Carrier	552220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Rural Telephone Company - NV				
Signature of authorized officer 			Date	05/23/2017
Printed name of authorized officer Michael J. Martell				
Title or position of authorized officer Vice-President				
Telephone number of authorized officer: (208) 366-2614				
Study Area Code of Reporting Carrier		552233	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BEEHIVE TEL CO - NV</p>					
<p>Signature of Authorized Officer or employee: Jacob Warner</p>				<p>Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - nv,l=, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Jacob Warner</p>					
<p>Title or position of Authorized Officer or employee: President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 435-837-6000</p>					
Study Area Code of Reporting Carrier	552284		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CHURCHILL-CC COMM.</p>					
<p>Signature of Authorized Officer or employee: Mark Feest</p>				<p>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@cccomm.co,O=churchill-cc comm.,l=Fallon NV 89407, Date:5/26/2017</p>	
				<p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Mark Feest</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 775-423-7654</p>					
Study Area Code of Reporting Carrier	552349		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LINCOLN CTY TEL SYS</p>					
<p>Signature of Authorized Officer or employee: John Christian, III</p>				<p><small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,l=Pioche NV 89043, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: John Christian, III</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 775-962-5131</p>					
<p>Study Area Code of Reporting Carrier</p>	552351		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MOAPA VALLEY TEL CO.</p>					
<p>Signature of Authorized Officer or employee: Brad Lyon</p>				<p>Digitally signed by Brad Lyon DN:cn=Brad Lyon,email=brad@mvtel.com,O=moapa valley tel co.,l=Overton NV 89040-0365, Date:5/22/2017</p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: Brad Lyon</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 702-397-2601</p>					
Study Area Code of Reporting Carrier	552353		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: RIO VIRGIN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Brooke Wheeler</p>				<p>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin tel co,l=Estacada OR 97023, Date:5/30/2017</p>	
				<p>Date: 5/30/2017</p>	
<p>Printed name of Authorized Officer or employee: Brooke Wheeler</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 503-630-8952</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>552356</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HUMBOLDT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Justin Perez</p>				<p>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt tel co,l=Nampa ID 83653, Date:5/19/2017</p>	
				<p>Date: 5/19/2017</p>	
<p>Printed name of Authorized Officer or employee: Justin Perez</p>					
<p>Title or position of Authorized Officer or employee: Controller / Corporate Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 208-461-7802</p>					
Study Area Code of Reporting Carrier	553304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ADAK TEL UTILITY</p>					
<p>Signature of Authorized Officer or employee: Andilea Weaver</p>				<p>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak tel utility, Inc., Date:5/18/2017</p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: Andilea Weaver</p>					
<p>Title or position of Authorized Officer or employee: Vice President/COO</p>					
<p>Telephone number of Authorized Officer or employee: 907-222-0844</p>					
Study Area Code of Reporting Carrier	610989		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: ARCTIC SLOPE TEL					
Signature of Authorized Officer or employee: Clover McNeil				<small>Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel,lc=US, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer or employee: Clover McNeil					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 907-564-2680					
Study Area Code of Reporting Carrier	613001		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BETTLES TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Michael Garrett</p>				<p>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=bettles tel co inc,l=Port Townsend WA 98368, Date:5/16/2017</p>	
				<p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Garrett</p>					
<p>Title or position of Authorized Officer or employee: COO - Executive VP</p>					
<p>Telephone number of Authorized Officer or employee: 360-385-1733</p>					
Study Area Code of Reporting Carrier	613002		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BRISTOL BAY TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Jeffrey Fulton</p>				<p>Digitally signed by Jeffrey Fulton DN:cn=Jeffrey Fulton,email=jfulton@bristolbay.com,O=bristol bay tel coop, Date:5/26/2017</p>	
<p>Date: 5/26/2017</p>					
<p>Printed name of Authorized Officer or employee: Jeffrey Fulton</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 907-439-0456</p>					
Study Area Code of Reporting Carrier	613003		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BUSH-TEL INC.</p>					
<p>Signature of Authorized Officer or employee: W. DeVore</p>				<p><small>Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mscon.com,O=bush-tel inc.,l=Aniak AK 99557-1009, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: W. DeVore</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 907-675-4311</p>					
Study Area Code of Reporting Carrier	613004		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CIRCLE TEL & ELEC</p>					
<p>Signature of Authorized Officer or employee: David Masephol</p>				<p><small>Digitally signed by David Masephol DN:cn=David Masephol,email=dmasephol@sbcglobal.net,O=circle tel & elec,l=Circle AK 99733, Date:5/18/2017</small></p>	
<p>Date: 5/18/2017</p>					
<p>Printed name of Authorized Officer or employee: David Masephol</p>					
<p>Title or position of Authorized Officer or employee: Member Owner</p>					
<p>Telephone number of Authorized Officer or employee: 907-773-5500</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>613005</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: COPPER VALLEY TEL</p>					
<p>Signature of Authorized Officer or employee: Chris Spencer</p>				<p>Digitally signed by Chris Spencer DN:cn=Chris Spencer,email=cspencer@cvtc.org,O=copper valley tel,l=Valdez AK 99686, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Chris Spencer</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 907-835-7712</p>					
Study Area Code of Reporting Carrier	613006		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: INTERIOR TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Brett Carter</p>				<p><small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior tel co inc, Inc, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Brett Carter</p>					
<p>Title or position of Authorized Officer or employee: VP/Controller</p>					
<p>Telephone number of Authorized Officer or employee: 907-563-2003</p>					
<p>Study Area Code of Reporting Carrier</p>	613011		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: KETCHIKAN PUBLIC UT</p>					
<p>Signature of Authorized Officer or employee: Dan Lindgren</p>				<p><small>Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=danl@city.ketchikan.ak.us,O=ketchikan public ut, Date: 5/24/2017</small></p>	
<p>Date: 5/24/2017</p>					
<p>Printed name of Authorized Officer or employee: Dan Lindgren</p>					
<p>Title or position of Authorized Officer or employee: Assistant KPU Telecommunications Manager</p>					
<p>Telephone number of Authorized Officer or employee: 907-228-5439</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>613013</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MUKLUK TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Brett Carter</p>				<p><small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=mukluk tel co inc, Inc, Date:5/25/2017</small></p> <p>Date: 5/25/2017</p>	
<p>Printed name of Authorized Officer or employee: Brett Carter</p>					
<p>Title or position of Authorized Officer or employee: VP/Controller</p>					
<p>Telephone number of Authorized Officer or employee: 907-563-2003</p>					
Study Area Code of Reporting Carrier	613016		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALASKA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Garrett</p>				<p>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska tel co,l=Port Townsend WA 98368, Date:5/16/2017</p>	
<p>Date: 5/16/2017</p>					
<p>Printed name of Authorized Officer or employee: Michael Garrett</p>					
<p>Title or position of Authorized Officer or employee: President / CEO</p>					
<p>Telephone number of Authorized Officer or employee: 360-385-1733</p>					
Study Area Code of Reporting Carrier	613017		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NUSHAGAK ELEC & TEL</p>					
<p>Signature of Authorized Officer or employee: Michael Megli</p>				<p>Digitally signed by Michael Megli DN:cn=Michael Megli,email=mmegli@nushagak.coop,O=nushagak elec & tel,l=Dillingham AK 99576, Date:5/26/2017</p>	
				<p>Date: 5/26/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Megli</p>					
<p>Title or position of Authorized Officer or employee: Interim CEO/GM</p>					
<p>Telephone number of Authorized Officer or employee: 907-842-5251</p>					
Study Area Code of Reporting Carrier	613018		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: OTZ TEL COOPERATIVE</p>					
<p>Signature of Authorized Officer or employee: Doug Neal</p>				<p>Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kotzebue AK 99752, Date:5/23/2017</p>	
<p>Date: 5/23/2017</p>					
<p>Printed name of Authorized Officer or employee: Doug Neal</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 907-442-1000</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>613019</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Yukon Telephone Co., Inc.	
Signature of authorized officer			Date		5/18/17
Printed name of authorized officer					
Craig Mollerstuen					
Title or position of authorized officer					
Vice President					
Telephone number of authorized officer: (907) 273-5217 ext.					
Study Area Code of Reporting Carrier		613025	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTH COUNTRY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Garrett</p>				<p><small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=north country tel co,l=Port Townsend WA 98368, Date:5/16/2017</small></p> <p>Date: 5/16/2017</p>	
<p>Printed name of Authorized Officer or employee: Michael Garrett</p>					
<p>Title or position of Authorized Officer or employee: President / CEO</p>					
<p>Telephone number of Authorized Officer or employee: 360-385-1733</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>613026</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

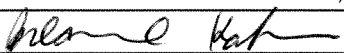
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier <i>Summit Telephone & Telegraph Company of Alaska, Inc.</i>			
Signature of authorized officer <i>Roger L. Shoffstall</i>		Date <i>5/18/2017</i>	
Printed name of authorized officer <i>Roger L. Shoffstall</i>			
Title or position of authorized officer <i>President</i>			
Telephone number of authorized officer: () - , ext. <i>(907)-389-1012</i>			
Study Area Code of Reporting Carrier	<i>613028</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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					Sandwich Isles Communications, Inc.									
Signature of authorized officer					Date									
					5/24/17									
Printed name of authorized officer										Breanne Kahalewai				
Title or position of authorized officer										President				
Telephone number of authorized officer:										(808) 524-8400				
Study Area Code of Reporting Carrier					623021					Filing Due Date for this form (mm/dd/yyyy)				
										6/16/2017				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.														

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Sandwich Isles Communications, Inc.	
Signature of authorized officer				Date	8/25/17
Printed name of authorized officer		Breanne Kahalewai			
Title or position of authorized officer		President			
Telephone number of authorized officer: (808) 524-8400					
Study Area Code of Reporting Carrier		623021	Filing Due Date for this form (mm/dd/yyyy)	September 2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TELEGUAM HOLDINGS</p>					
<p>Signature of Authorized Officer or employee: John Brady</p>				<p>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,l= , Date:5/22/2017</p>	
<p>Date: 5/22/2017</p>					
<p>Printed name of Authorized Officer or employee: John Brady</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 671-644-0013</p>					
Study Area Code of Reporting Carrier	663800		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

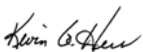
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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				American Samoa Telecomm. Authority	
Signature of authorized officer			Date		05/26/2017
Printed name of authorized officer			Mr. Pulele Lia Tufele		
Title or position of authorized officer			Interim CEO		
Telephone number of authorized officer:			(684) 699-1121 ext.		
Study Area Code of Reporting Carrier		673900	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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

361413 – Mid-State Telephone Company dba KMP
 240535 – Norway Telephone Company, Inc.
 250311 – Oakman Telephone Company, Inc.
 320816 – S and W Telephone Company
 300662 – The Vanlue Telephone Company
 320837 - West Point Telephone Company