


TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Albany Mutual Telephone Association			
Signature of Authorized Officer 			Date 5/18/2017
Printed name of Authorized Officer Steven W. Katka			
Title or position of Authorized Officer CEO/General Manager			
Telephone number of Authorized Officer: (320) 845-2101 ext.			
Study Area Code of Reporting Carrier	361347	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WILDERNESS VALLEY</b></p>					
<p>Signature of Authorized Officer: <b>Robert Riddell</b></p>				<p><small>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlcwb.net,O=wilderness valley,l= , Date:5/22/2017</small></p> <p>Date: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Robert Riddell</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>218-488-6565</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361348</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

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

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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BENTON COOP TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Cheryl Scapanski</b></p>				<p>Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop tel co, Date: 5/25/2017</p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Cheryl Scapanski</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>320-393-2115</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361356</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



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

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

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<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLEMENTS TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co, e= , Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361372</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 as to the Accuracy of the CAF ICC Data Reported**

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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>													

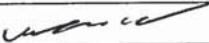
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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUNNELL TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Charles Mattingly</b></p>				<p>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kcclenterprises.net,O=dunnell tel co,l=Judson TX 75660, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Charles Mattingly</b></p>					
<p>Title or position of Authorized Officer: <b>Managing Member</b></p>					
<p>Telephone number of Authorized Officer: <b>903-663-0099</b></p>					
Study Area Code of Reporting Carrier	<b>361381</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 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 <b>Eckles Telephone Company</b>			
Signature of Authorized Officer 			Date <b>5/30/2017</b>
Printed name of Authorized Officer <b>William Eckles</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(507) 526-3252</b> , ext.			
Study Area Code of Reporting Carrier	<b>361386</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>EMILY COOP TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Josh Netland</b></p>				<p>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</p>	
<p>Date: <b>5/25/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Josh Netland</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>218-763-3000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361387</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
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<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Beyer</b></p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel, = , Date:5/25/2017</small></p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>320-568-2105</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361389</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
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<p>Name of Reporting Carrier: <b>FEDERATED TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Beyer</b></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: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>320-324-7111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361390</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Garden Valley Telephone Company</b>			
Signature of Authorized Officer 			Date <b>May 16, 2017</b>
Printed name of Authorized Officer <b>Tim Brinkman</b>			
Title or position of Authorized Officer <b>CEO/General Manager</b>			
Telephone number of Authorized Officer: <b>(218) 687-2400 ext. 200</b>			
Study Area Code of Reporting Carrier	<b>361395</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>
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<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GARDONVILLE COOP TEL</b></p>					
<p>Signature of Authorized Officer: <b>David Wolf</b></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: <b>5/19/2017</b></p>					
<p>Printed name of Authorized Officer: <b>David Wolf</b></p>					
<p>Title or position of Authorized Officer: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>320-524-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361396</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
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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
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<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FEDERATED TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Beyer</b></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: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>320-324-7111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361403</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
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<p>Name of Reporting Carrier: <b>HARMONY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Jill Fishbaugher</b></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: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Jill Fishbaugher</b></p>					
<p>Title or position of Authorized Officer: <b>VP of Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>507-886-2525</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361404</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
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<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS MN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Kari Flanagan</b></span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills mn,l=Garretson SD 57030, Date:5/23/2017</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361405</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Johnson Telephone Company	
Signature of Authorized Officer		Donna Gunderson	
Printed name of Authorized Officer		Donna Gunderson	
Title or position of Authorized Officer		Corporate Secretary	
Telephone number of Authorized Officer:		(218) 566-2302 ext.	
Study Area Code of Reporting Carrier	361410	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

Transmittal No. 1519

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KASSON &amp; MANTORVILLE</b></p>					
<p>Signature of Authorized Officer: <b>Beth Tollefson</b></p>				<p>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson &amp; mantorville, Date: 5/23/2017</p>	
<p>Date: <b>5/23/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Beth Tollefson</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-634-2511</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361412</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LISMORE COOP TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tarri Joens</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tarri Joens</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-472-8748</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361419</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHRISTENSEN COMM CO</b></p>					
<p>Signature of Authorized Officer: <b>Brent Christensen</b></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: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Brent Christensen</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>507-642-5514</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361425</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Manchester-Hartland Telephone Company</b>				
Signature of Authorized Officer <i>Phillip Morreim</i>				Date <b>05/19/2017</b>
Printed name of Authorized Officer <b>Phillip Morreim</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(507) 826-3212 ext.</b>				
Study Area Code of Reporting Carrier	<b>361426</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MELROSE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose tel co, Inc., Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361430</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEW ULM TELECOM, INC</b></p>					
<p>Signature of Authorized Officer: <b>Curt Kawlewski</b></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: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361442</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LORETEL SYSTEMS, INC</b></p>					
<p>Signature of Authorized Officer: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc,lc= , Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361443</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PARK REGION MUTUAL</b></p>					
<p>Signature of Authorized Officer: <b>Dave Bickett</b></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: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>218-826-6161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361450</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PAUL BUNYAN RURAL</b></p>					
<p>Signature of Authorized Officer: <b>Dave Schultz</b></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: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Dave Schultz</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-444-1141</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361451</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">REDWOOD COUNTY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Staci Malikowski</b></span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361472</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ROTHSAY TEL CO, INC</b></p>					
<p>Signature of Authorized Officer: <b>Dave Bickett</b></p>				<p>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</p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>218-826-6161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361474</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Runestone Telephone Association</b>				
Signature of Authorized Officer <i>John M. Kapphahn</i>			Date <b>5-19-2017</b>	
Printed name of Authorized Officer <b>John Kapphahn</b>				
Title or position of Authorized Officer <b>Secretary/Treasurer</b>				
Telephone number of Authorized Officer: <b>(320) 986-2013</b> , ext.				
Study Area Code of Reporting Carrier		<b>361475</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SACRED HEART TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel co,lc=, Date:5/17/2017</p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361476</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRING GROVE COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Craig Otterness</span></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: <span style="color: blue;">5/23/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Craig Otterness</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">GM/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-498-3456</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361485</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STARBUCK TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel co,l= , Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361487</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>UPSALA COOP TEL ASSN</b></p>					
<p>Signature of Authorized Officer: <b>Tony Gebhard</b></p>				<p>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</p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Tony Gebhard</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>320-573-1390</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361494</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHERN TEL CO - MN</b></p>					
<p>Signature of Authorized Officer: <b>Robert Riddell</b></p>				<p><small>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlcwb.net,O=northern tel co - mn, Date:5/22/2017</small></p> <p>Date: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Robert Riddell</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>218-488-6565</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361500</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

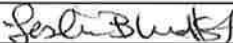
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WESTERN TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western tel co,lc= , Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361502</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

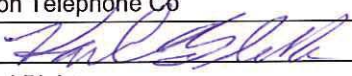
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WINTHROP TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Danny Busche</span></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: <span style="color: blue;">5/18/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Danny Busche</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-557-2275</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361508</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WOODSTOCK TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Terry Nelson</b></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: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Terry Nelson</b></p>					
<p>Title or position of Authorized Officer: <b>Operations Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>507-658-3830</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361510</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Wolverton Telephone Co</b>				
Signature of Authorized Officer 			Date <b>5/17/2017</b>	
Printed name of Authorized Officer <b>Karl Blake</b>				
Title or position of Authorized Officer <b>Executive Vice President</b>				
Telephone number of Authorized Officer: <b>(701) 284-7221</b> , ext. _____				
Study Area Code of Reporting Carrier	<b>361512</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ZUMBROTA TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota tel co,l= , Date:5/17/2017</p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361515</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INTERSTATE TELECOMM.</b></p>					
<p>Signature of Authorized Officer: <b>Tracy Bandemer</b></p>				<p>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecom.,l=Clear Lake SD 57226-0920, Date:5/19/2017</p>	
<p>Date: <b>5/19/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Tracy Bandemer</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-874-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361654</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Arapahoe Telephone Company</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>7-10-17</u>
Printed name of Authorized Officer <u>John E. Koller</u>			
Title or position of Authorized Officer <u>VP/GM</u>			
Telephone number of Authorized Officer <u>308.922.998</u> ext. _____			
Study Area Code of Reporting Carrier	<u>371516</u>	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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARLINGTON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Joe Jetensky</span></p>				<p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=arlington tel co, e= , Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Joe Jetensky</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-426-6245</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371517</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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


TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THREE RIVER TELCO</b></p>					
<p>Signature of Authorized Officer: <b>Neil Classen</b></p>				<p>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</p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Neil Classen</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-569-2666</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371525</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Cambridge Telephone Company	
Signature of Authorized Officer					
Date			05/16/2017		
Printed name of Authorized Officer					
J. Thomas Shoemaker					
Title or position of Authorized Officer					
Executive Vice President					
Telephone number of Authorized Officer: (308) 697-3333, ext.					
Study Area Code of Reporting Carrier		371526		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2017	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELCO</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Thompson Fast</b></p>				<p>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</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-489-2728</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371530</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLARKS TELECOM CO.</b></p>					
<p>Signature of Authorized Officer: <b>Patrick McElroy</b></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: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Patrick McElroy</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-632-4321</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371531</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COZAD TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Marcus Young</b></p>				<p>Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad tel co,l= , Date:5/24/2017</p> <p>Date: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Marcus Young</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>308-784-4044</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371534</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DALTON TEL CO, INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>David Shipley</b></span></p>				<p><small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,l=Colorado City CO 81019, Date:5/24/2017</small></p> <p>Date: <span style="color: blue;">5/24/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Shipley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">866-542-6779</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371537</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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



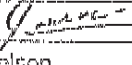
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>EASTERN NEBRASKA TEL</b></p>					
<p>Signature of Authorized Officer: <b>Joe Jetensky</b></p>				<p>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=eastern nebraska tel,lc= , Date:5/25/2017</p>	
<p>Date: <b>5/25/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Joe Jetensky</b></p>					
<p>Title or position of Authorized Officer: <b>President/GM</b></p>					
<p>Telephone number of Authorized Officer: <b>402-426-6245</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371542</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between;"> <span>Name of Reporting Carrier <b>Hamilton Telephone Company</b></span> </div>					
<div style="border-bottom: 1px solid black; display: flex;"> <span style="flex-grow: 1;">Signature of Authorized Officer </span> <div style="border-left: 1px solid black; width: 150px; height: 20px; margin-left: 5px;"></div> </div>			<div style="border-bottom: 1px solid black; display: flex; align-items: center;"> <span style="font-size: small;">Date</span> <span style="margin-left: 10px;"><b>5-2-17</b></span> </div>		
<div style="border-bottom: 1px solid black;">Printed name of Authorized Officer <b>John Nelson</b></div>					
<div style="border-bottom: 1px solid black;">Title of position of Authorized Officer <b>President</b></div>					
<div style="border-bottom: 1px solid black;">Telephone number of Authorized Officer <b>(402) 694-5101 ext.</b></div>					
<div style="border-bottom: 1px solid black;">NADL Area Code of Reporting Carrier <b>371555</b></div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;"> <div style="border-bottom: 1px solid black; font-size: small;">Filing Due Date for this form (mm/dd/yyyy)</div> </td> <td style="width: 60%; padding: 2px;"> <div style="border-bottom: 1px solid black;">6/16/2017</div> </td> </tr> </table>		<div style="border-bottom: 1px solid black; font-size: small;">Filing Due Date for this form (mm/dd/yyyy)</div>	<div style="border-bottom: 1px solid black;">6/16/2017</div>
<div style="border-bottom: 1px solid black; font-size: small;">Filing Due Date for this form (mm/dd/yyyy)</div>	<div style="border-bottom: 1px solid black;">6/16/2017</div>				
<p style="font-size: small; text-align: center;">Persons guilty making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(h), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HARTINGTON TELECOM</b></p>					
<p>Signature of Authorized Officer: <b>Mike Becker</b></p>				<p>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</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Mike Becker</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>402-254-3901</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371556</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HARTMAN TEL EXCH INC</b></p>					
<p>Signature of Authorized Officer: <b>Linda McKain</b></p>				<p>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmcain@bwtelcom.net,O=hartman tel exch inc,l=Benkelman NE 69021, Date:5/19/2017</p>	
<p>Date: <b>5/19/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Linda McKain</b></p>					
<p>Title or position of Authorized Officer: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>308-423-5607</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371557</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HEMINGFORD COOP TEL</b></p>					
<p>Signature of Authorized Officer: <b>Tonya Mayer</b></p>				<p>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</p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Tonya Mayer</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>308-487-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371558</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HENDERSON CO-OP TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">James Mestl</span></p>				<p><small>Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henders on co-op tel,l=Henderson NE 68371, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James Mestl</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Board President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-723-4448</span></p>					
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>HERSHEY COOP TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Rex Woolley</b></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:      <b>5/23/2017</b></p>					
<p>Printed name of Authorized Officer:      <b>Rex Woolley</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer:      <b>308-368-5561</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371561</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>K &amp; M TEL CO, INC</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Magnuson</b></p>				<p>Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k &amp; m tel co, inc,l=Chambers NE 68725, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Thomas Magnuson</b></p>					
<p>Title or position of Authorized Officer: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-482-5800</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371565</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEBRASKA CENTRAL TEL</b></p>					
<p>Signature of Authorized Officer: <b>Nancy McGregor-Jader</b></p>				<p>Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central tel,l=Gibbon NE 68840-0700, Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Nancy McGregor-Jader</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>308-468-6341</b></p>					
Study Area Code of Reporting Carrier	<b>371574</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST NEBRASKA</b></p>					
<p>Signature of Authorized Officer: <b>Patrick McElroy</b></p>				<p>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=northeast nebraska, Date:5/16/2017</p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Patrick McElroy</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-632-4321</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371576</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PIERCE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mary Bichlmeier</span></p>				<p><small>Digitally signed by Mary Bichlmeier DN: cn=Mary Bichlmeier, email=maryb@piercetelephone.com, O=pierce tel co, l=Pierce NE 68767-0113, Date: 5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mary Bichlmeier</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Company Accountant</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-329-6225</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371581</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PLAINVIEW TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Eric Nye</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Eric Nye</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-582-4242</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371582</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCK COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Joe Jetensky</span></p>				<p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co,lc= , Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Joe Jetensky</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-426-6245</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371586</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Sodtown Telephone Company</b>				
Signature of Authorized Officer <i>Michael Plautz</i>				Date <b>May 20, 2017</b>
Printed name of Authorized Officer <b>Michael Plautz</b>				
Title or position of Authorized Officer <b>Secretary</b>				
Telephone number of Authorized Officer: <b>(308) 467-2310</b> ext.				
Study Area Code of Reporting Carrier	<b>371590</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SE NEBRASKA COMM INC</b></p>					
<p>Signature of Authorized Officer: <b>Ray Joy</b></p>				<p>Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc,lc=, Date:5/19/2017</p>	
<p>Date: <b>5/19/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Ray Joy</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-245-4451</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371591</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STANTON TELECOM INC.</b></p>					
<p>Signature of Authorized Officer: <b>Robert Paden</b></p>				<p>Digitally signed by Robert Paden DN:cn=Robert Paden,email=rjpaden@stanton.net,O=stanton telecom inc.,c=Stanton NE 68779, Date:5/30/2017</p>	
<p>Date: <b>5/30/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Robert Paden</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-439-2264</b></p>					
Study Area Code of Reporting Carrier	<b>371592</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WAUNETA TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Linda McKain</b></p>				<p>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmcain@bwtelcom.net,O=wauneta tel co,l=Benkelman NE 69021, Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Linda McKain</b></p>					
<p>Title or position of Authorized Officer: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>308-423-5607</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371597</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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>					

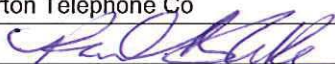
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BENKELMAN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Linda McKain</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/19/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Linda McKain</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">308-423-5607</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">372455</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<p>Name of Reporting Carrier <b>Wolverton Telephone Co</b></p>				
<p>Signature of Authorized Officer </p>			<p>Date <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer <b>Karl Blake</b></p>				
<p>Title or position of Authorized Officer <b>Executive Vice President</b></p>				
<p>Telephone number of Authorized Officer: <b>(701) 284-7221</b> ext. _____</p>				
<p>Study Area Code of Reporting Carrier <b>381509</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2017</b></p>		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ABSARAKA COOP TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Ann Faught</b></p>				<p>Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co,l= , Date:5/17/2017</p>	
<p>Date:      <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer:      <b>Ann Faught</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>701-896-3404</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381601</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



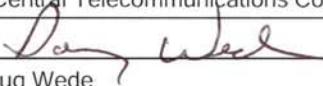
**TO BE COMPLETED BY THE REPORTING CARRIER,**

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 THE REPORTING CARRIER.**

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

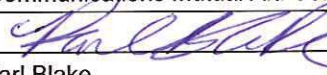
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Dakota Central Telecommunications Cooperative/DCTI			
Signature of Authorized Officer: 			Date: May 25, 2017
Printed name of Authorized Officer: Doug Wede			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (701) 652-3184, ext.			
Study Area Code of Reporting Carrier	381610	Filing Due Date for this form (mm/dd/yyyy)	6-16-17
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DICKEY RURAL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Robert Johnson</b></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: <b>5/22/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Robert Johnson</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>701-344-6010</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381611</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier <b>Polar Communications Mutual Aid Corp</b>				
Signature of Authorized Officer 				Date <b>5/17/2017</b>
Printed name of Authorized Officer <b>Karl Blake</b>				
Title or position of Authorized Officer <b>General Manager/CEO</b>				
Telephone number of Authorized Officer: <b>(701) 284-7221</b> , ext. _____				
Study Area Code of Reporting Carrier	<b>381614</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRIGGS COUNTY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Tyler Kilde</b></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: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Tyler Kilde</b></p>					
<p>Title or position of Authorized Officer: <b>VP/GM</b></p>					
<p>Telephone number of Authorized Officer: <b>701-437-3417</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381615</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDSTATE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ryan Wilhelmi</span></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: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ryan Wilhelmi</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-628-2522</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381617</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRIGGS CTY (M&amp;L)</b></p>					
<p>Signature of Authorized Officer: <b>Tyler Kilde</b></p>				<p>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs cty (m&amp;l),l=Enderlin ND 58027-0066, Date:5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Tyler Kilde</b></p>					
<p>Title or position of Authorized Officer: <b>VP/GM</b></p>					
<p>Telephone number of Authorized Officer: <b>701-437-3417</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381622</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHWEST COMM COOP</b></p>					
<p>Signature of Authorized Officer: <b>Todd Thompson</b></p>				<p>Digitally signed by Todd Thompson DN:cn=Todd Thompson,email=toddt@nccray.com,O=northwest comm coop, Ray ND 58849-0038, Date:5/24/2017</p> <p>Date: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Todd Thompson</b></p>					
<p>Title or position of Authorized Officer: <b>NCC CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>701-568-8101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381625</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Polar Communications Mutual Aid Corp</b>				
Signature of Authorized Officer 				Date <b>5/17/2017</b>
Printed name of Authorized Officer <b>Karl Blake</b>				
Title or position of Authorized Officer <b>General Manager/CEO</b>				
Telephone number of Authorized Officer: <b>(701) 284-7221</b> , ext. _____				
Study Area Code of Reporting Carrier	<b>381630</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RED RIVER COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jeffrey Olson</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jeffrey Olson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-553-8309</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381631</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">W. RIVER TELECOM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Troy Schilling</span></p>				<p><small>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=w. river telecom.,l=Hazen ND 58545, Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Troy Schilling</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-748-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381637</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDSTATE COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ryan Wilhelmi</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ryan Wilhelmi</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-628-2522</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381638</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SRT COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer: <b>Steve Lysne</b></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: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Steve Lysne</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>701-858-5246</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>383303</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-ARMOUR</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-armour,l=Wall SD 57790-0411, Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391640</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BERESFORD MUNICIPAL</b></p>					
<p>Signature of Authorized Officer: <b>Todd Hansen</b></p>				<p>Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal, Date:5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Todd Hansen</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-763-2500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391649</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLARITY TELECOM</b></p>					
<p>Signature of Authorized Officer: <b>Keith Davidson</b></p>				<p>Digitally signed by Keith Davidson DN:cn=Keith Davidson,email=Keith.Davidson@vastbroadband.com,O=clarity telecom, Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Keith Davidson</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>573-481-2265</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391652</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INTERSTATE TELECOMM.</b></p>					
<p>Signature of Authorized Officer: <b>Tracy Bandemer</b></p>				<p>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecom.,l=Clear Lake SD 57226-0920, Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Tracy Bandemer</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-874-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391654</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE-SPLITROCK</b></p>					
<p>Signature of Authorized Officer: <b>Kari Flanagan</b></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock,/=Garretson SD 57030, Date:5/23/2017</small></p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-594-8228</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391657</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>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</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391659</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FT RANDALL-MT RUSHMR</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr, Date:5/23/2017</p>	
<p>Date: <b>5/23/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391660</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>JAMES VALLEY COOP</b></p>					
<p>Signature of Authorized Officer: <b>James Groft</b></p>				<p>Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley coop,lc= , Date:5/22/2017</p> <p>Date: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer: <b>James Groft</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-397-2323</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391664</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Jefferson Telephone			
Signature of Authorized Officer 			Date 5/30/2017
Printed name of Authorized Officer Paul Bergmann			
Title or position of Authorized Officer CFO			
Telephone number of Authorized Officer: 712-271-4000, ext. _____			
Study Area Code of Reporting Carrier	391666	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-KADOKA</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-kadoka, =Wall SD 57790-0411, Date:5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391667</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KENNEBEC TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Rod Bowar</b></p>				<p>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</p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Rod Bowar</b></p>					
<p>Title or position of Authorized Officer: <b>President/Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-869-2220</b></p>					
Study Area Code of Reporting Carrier	<b>391668</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MIDSTATE COMM., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Mark Benton</b></p>				<p>Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate comm., inc.,c=Kimball SD 57355, Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Benton</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-778-6221</b></p>					
Study Area Code of Reporting Carrier	<b>391670</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WEST RIVER(MOBRIDGE)</b></p>					
<p>Signature of Authorized Officer: <b>Troy Schilling</b></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: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Troy Schilling</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>701-748-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391671</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RC TECHNOLOGIES</b></p>					
<p>Signature of Authorized Officer: <b>Scott Bostrom</b></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: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Scott Bostrom</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-637-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391674</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SANTEL COMM. COOP.</b></p>					
<p>Signature of Authorized Officer: <b>Ryan Thompson</b></p>				<p>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</p>	
<p>Date: <b>5/25/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Ryan Thompson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-796-8143</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391676</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-SIOUX VY</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-sioux vy, =Wall SD 57790-0411, Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391677</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INTERSTATE-SST</b></p>					
<p>Signature of Authorized Officer: <b>Tracy Bandemer</b></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: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Tracy Bandemer</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-874-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391679</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Venture Communications Cooperative</b>			
Signature of Authorized Officer 			Date <b>5/23/2017</b>
Printed name of Authorized Officer <b>Randy W. Houdek</b>			
Title or position of Authorized Officer <b>General Manager / CEO</b>			
Telephone number of Authorized Officer: <b>(605) 852-2224</b> ext.			
Study Area Code of Reporting Carrier	<b>391680</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/17</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TRIOTEL COMM(TRI-C)</b></p>					
<p>Signature of Authorized Officer: <b>Bryan Roth</b></p>				<p>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</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Bryan Roth</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-425-2238</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391682</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-UNION</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>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</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391684</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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>					

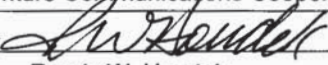
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-VIVIAN</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-vivian, =Wall SD 57790-0411, Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391686</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Venture Communications Cooperative (Western)</b>			
Signature of Authorized Officer 			Date <b>5/23/2017</b>
Printed name of Authorized Officer <b>Randy W. Houdek</b>			
Title or position of Authorized Officer <b>General Manager / CEO</b>			
Telephone number of Authorized Officer: <b>(605) 852-2224</b> ext.			
Study Area Code of Reporting Carrier	<b>391688</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/17</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

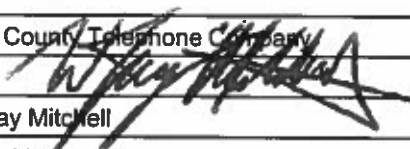
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARKANSAS TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Randy McCaslin</b></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: <b>5/30/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Randy McCaslin</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>501-745-2114</b></p>					
Study Area Code of Reporting Carrier	<b>401692</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.


<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL ARKANSAS TEL</b></p>					
<p>Signature of Authorized Officer: <b>Shirley Kinnaird</b></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: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Shirley Kinnaird</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>501-865-3212</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401697</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<b>Name of Reporting Carrier</b> Cleveland County Telephone Company				
<b>Signature of Authorized Officer</b> 			<b>Date</b> 5/30/2017	
<b>Printed name of Authorized Officer</b> W. Jay Mitchell				
<b>Title or position of Authorized Officer</b> President				
<b>Telephone number of Authorized Officer:</b> (417) 776-2247 ext.				
<b>Study Area Code of Reporting Carrier</b> 401698		<b>Filing Due Date for this form</b> <small>(mm/dd/yyyy)</small> 6/16/2017		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Decatur Telephone Company</b>				
Signature of Authorized Officer 			Date <b>5/30/2017</b>	
Printed name of Authorized Officer <b>W. Jay Mitchell</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(417) 776-2247</b> , ext.				
Study Area Code of Reporting Carrier		<b>401699</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH ARKANSAS TEL</b></p>					
<p>Signature of Authorized Officer: <b>Greg Ashcraft</b></p>				<p>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</p> <p>Date: <b>5/30/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Greg Ashcraft</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>870-942-4344</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401702</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAVACA TEL CO-AR</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Keith Gibson</b></span></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: <span style="color: blue;">5/24/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Keith Gibson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">479-674-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401704</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MADISON COUNTY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tom Shrum</span></p>				<p><small>Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel,l=Huntsville AR 72740, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Shrum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">479-738-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401709</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MAGAZINE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kathy Stone</span></p>				<p><small>Digitally signed by Kathy Stone DN:cn=Kathy Stone,email=magtel@magtel.com,O=magazine tel co,l=Magazine AR 72943, Date:5/22/2017</small></p> <p>Date: <span style="color: blue;">5/22/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kathy Stone</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">479-969-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401710</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOUNTAIN VIEW TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Anne Schuhknecht</b></p>				<p>Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=Mountain view tel co,lc=Mountain Home AR 72654-1970, Date:5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Anne Schuhknecht</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>870-425-3100</b></p>					
Study Area Code of Reporting Carrier	<b>401712</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH ARKANSAS TEL</b></p>					
<p>Signature of Authorized Officer: <b>Steven Sanders, Jr.</b></p>				<p>Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=north arkansas tel,=Flippin AR 72634-0209, Date:5/25/2017</p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Steven Sanders, Jr.</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>870-453-9273</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401713</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PRAIRIE GROVE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Rick Reed</b></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: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Rick Reed</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>479-846-7200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401718</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Rice Belt Telephone Company Inc.**

Signature of Authorized Officer 

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>E RITTER TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>John Strode</b></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: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>John Strode</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>870-336-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401722</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">YELCOT TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Anne Schuhknecht</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/26/2017</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Anne Schuhknecht</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">870-425-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401733</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SCOTT COUNTY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Karen Gilliam</b></p>				<p>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</p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Karen Gilliam</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>479-923-4200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>403031</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BLUE VALLEY TELE-COM</b></p>					
<p>Signature of Authorized Officer: <b>Candace Wright</b></p>				<p>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-com, = , Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Candace Wright</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>785-799-3657</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411746</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COUNCIL GROVE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Dale Jones</b></p>				<p><small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel co,l=Council Grove KS 66846-0299, Date:5/22/2017</small></p> <p>Date: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Dale Jones</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>620-767-5153</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411758</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CUNNINGHAM TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Brent Cunningham</b></p>				<p>Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham tel co,l=Glen Elder KS 67446-0108, Date:5/21/2017</p> <p>Date: <b>5/21/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Brent Cunningham</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>785-545-3215</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411761</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier **Elkhart Telephone Co., Inc.**

Signature of Authorized Officer

*Trenton D. Boaldin*

Date **5/16/2017**

Printed name of Authorized Officer **Trenton D. Boaldin**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(620) 697-2111**, ext.

Study Area Code of Reporting Carrier

**411764**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HAVILAND TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Mark Wade</b></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: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Mark Wade</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-862-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411780</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

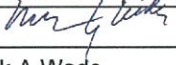
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>H &amp; B COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer: <b>Robert Koch</b></p>				<p><small>Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h &amp; b communications,l=Holyrood KS 67450, Date:5/23/2017</small></p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Robert Koch</b></p>					
<p>Title or position of Authorized Officer: <b>President and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>785-252-4000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411781</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier J.B.N. Telephone Company, Inc.				
Signature of Authorized Officer 				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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KANOKLA TEL ASSN-KS</b></p>					
<p>Signature of Authorized Officer: <b>Jill Kuehny</b></p>				<p>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</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Jill Kuehny</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>620-845-5682</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411788</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MADISON TEL., LLC</b></p>					
<p>Signature of Authorized Officer: <b>Shana Rains</b></p>				<p>Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison tel., llc,=Madison KS 66860, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Shana Rains</b></p>					
<p>Title or position of Authorized Officer: <b>Accountant</b></p>					
<p>Telephone number of Authorized Officer: <b>620-437-2356</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411801</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOKAN DIAL INC-KS</b></p>					
<p>Signature of Authorized Officer: <b>Amanda Molina</b></p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-ks,lc=, Date:5/26/2017</p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of External Relations</b></p>					
<p>Telephone number of Authorized Officer: <b>904-259-0029</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411807</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MUTUAL TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>John Tietjens</b></p>				<p>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual tel co,l=Little River KS 67457, Date:5/23/2017</p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer: <b>John Tietjens</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-897-6200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411809</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TELECOM LLC</b></p>					
<p>Signature of Authorized Officer: <b>Kathy Billinger</b></p>				<p>Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecom llc, =LaCygne KS 66040, Date:5/16/2017</p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Kathy Billinger</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>913-757-2500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411814</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CRAW-KAN TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Craig Wilbert</b></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: <b>5/19/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Craig Wilbert</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-724-8235</b></p>					
Study Area Code of Reporting Carrier	<b>411818</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RAINBOW TELECOM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kathy Ruoff</span></p>				<p>Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecom,l=Everest KS 66424, Date:5/22/2017</p>	
<p>Date: <span style="color: blue;">5/22/2017</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kathy Ruoff</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">785-548-7511</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411820</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>S &amp; T TEL COOP ASSN</b></p>					
<p>Signature of Authorized Officer: <b>Christina Hickert</b></p>				<p>Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s &amp; t tel coop assn,l=Brewster KS 67732, Date:5/25/2017</p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Christina Hickert</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>256-694-2256</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411827</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHERN KANSAS TEL</b></p>					
<p>Signature of Authorized Officer: <b>William McVey</b></p>				<p>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</p>	
<p>Date: <b>5/20/2017</b></p>					
<p>Printed name of Authorized Officer: <b>William McVey</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>620-584-8337</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411833</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SUNFLOWER TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Michael Skrivan</b></p>				<p>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=sunflower tel co, Inc., Date: 5/25/2017</p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Michael Skrivan</b></p>					
<p>Title or position of Authorized Officer: <b>Vice-President Regulatory</b></p>					
<p>Telephone number of Authorized Officer: <b>207-535-4150</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411835</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TRI-COUNTY TEL ASSN</b></p>					
<p>Signature of Authorized Officer: <b>Dale Jones</b></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: <b>5/22/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Dale Jones</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>620-767-5153</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411839</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TWIN VALLEY TEL INC</b></p>					
<p>Signature of Authorized Officer: <b>Scott Leitzel</b></p>				<p><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></p> <p>Date: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Scott Leitzel</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President-Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>785-427-9504</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411840</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>UNITED TEL ASSN</b></p>					
<p>Signature of Authorized Officer: <b>Jennifer Pachner</b></p>				<p><small>Digitally signed by Jennifer Pachner DN:cn=Jennifer Pachner,email=jenniferp@unitedtelcom.net,O=united tel assn,l=Dodge City KS 67801-0117, Date:5/23/2017</small></p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Jennifer Pachner</b></p>					
<p>Title or position of Authorized Officer: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer: <b>620-227-8641</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411841</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WHEAT STATE TEL, INC</b></p>					
<p>Signature of Authorized Officer: <b>Arturo Macias</b></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: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Arturo Macias</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-782-3341</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411847</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BPS Tel. Co.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Lisa Winberry</span></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: <span style="color: blue;">5/17/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Lisa Winberry</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">573-293-2277</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">420463</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

## TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier IAMO Telephone Company-MO			
Signature of Authorized Officer <i>Merlin Swanson</i>		Date 5-26-2017	
Printed name of Authorized Officer Merlin Swanson			
Title or position of Authorized Officer Secretary			
Telephone number of Authorized Officer: (712) 583-3232 ext.			
Study Area Code of Reporting Carrier	421206	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FAIRPOINT MISSOURI</b></p>					
<p>Signature of Authorized Officer: <b>Michael Skrivan</b></p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=fairpoint missouri,/= , Date:5/25/2017</small></p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Michael Skrivan</b></p>					
<p>Title or position of Authorized Officer: <b>Vice-President Regulatory</b></p>					
<p>Telephone number of Authorized Officer: <b>207-535-4150</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421472</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CRAW-KAN TEL COOP-MO</b></p>					
<p>Signature of Authorized Officer: <b>Craig Wilbert</b></p>				<p>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</p>	
<p>Date: <b>5/19/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Craig Wilbert</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-724-8235</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421759</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOKAN DIAL INC-MO</b></p>					
<p>Signature of Authorized Officer: <b>Amanda Molina</b></p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-mo, Date:5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of External Relations</b></p>					
<p>Telephone number of Authorized Officer: <b>904-259-0029</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421807</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALMA COMM. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Adolf Heins</span></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: <span style="color: blue;">5/26/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Adolf Heins</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">660-674-2297</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421860</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHARITON VALLEY TEL</b></p>					
<p>Signature of Authorized Officer: <b>Kirby Underberg</b></p>				<p>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</p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kirby Underberg</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>660-395-9000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421864</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TEL CO - MO</b></p>					
<p>Signature of Authorized Officer: <b>Brian Cornelius</b></p>				<p>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</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Brian Cornelius</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>660-584-6520</b></p>					
Study Area Code of Reporting Carrier	<b>421865</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARBER TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Charles Crow</b></p>				<p>Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=farber tel co,l= , Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Charles Crow</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>573-249-9800</b></p>					
Study Area Code of Reporting Carrier	<b>421876</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FIDELITY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Carla Cooper</b></p>				<p>Digitally signed by Carla Cooper DN:cn=Carla Cooper,email=carla.cooper@fidelitycommunications.com,O=fidelity tel co, Inc., Date:5/24/2017</p> <p>Date: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Carla Cooper</b></p>					
<p>Title or position of Authorized Officer: <b>VP of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>573-468-1218</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421882</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHOCTAW TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <b>Amanda Molina</b></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: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of External Relations</b></p>					
<p>Telephone number of Authorized Officer: <b>904-259-0029</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421893</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KINGDOM TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <b>Marla McCowan</b></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: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Marla McCowan</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant Board Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>573-386-2241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421901</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MCDONALD COUNTY TEL</b></p>					
<p>Signature of Authorized Officer: <b>Ross Babbitt</b></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: <b>5/23/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Ross Babbitt</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>417-223-4313</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421912</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>Miller Telephone Company</b>			
Signature of Authorized Officer <i>John R. Ludenia</i>		Date <b>5/18/2017</b>	
Printed name of Authorized Officer <b>John R Ludenia</b>			
Title or position of Authorized Officer <b>Vice President</b>			
Telephone number of Authorized Officer: <b>(304) 983-8642</b> , ext.			
Study Area Code of Reporting Carrier	<b>421920</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEW FLORENCE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Garrin Bott</b></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: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Garrin Bott</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421927</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOLWAY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Joe Jetensky</b></p>				<p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway tel co, Inc., Date:5/25/2017</small></p>	
<p>Date: <b>5/25/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Joe Jetensky</b></p>					
<p>Title or position of Authorized Officer: <b>President/GM</b></p>					
<p>Telephone number of Authorized Officer: <b>402-426-6245</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421929</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NE MISSOURI RURAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">James Sherburne</span></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: <span style="color: blue;">5/19/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James Sherburne</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">660-874-4111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421931</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier <b>Lathrop Telephone Company</b>				
Signature of Authorized Officer <i>Gregg Davis</i>			Date <b>5-16-17</b>	
Printed name of Authorized Officer <b>Gregg Davis</b>				
Title or position of Authorized Officer <b>President, Board of Directors</b>				
Telephone number of Authorized Officer: <b>(660) 748-3231</b> , ext.				
Study Area Code of Reporting Carrier <b>421932</b>		Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2017</b>		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ORCHARD FARM TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Garrin Bott</b></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: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Garrin Bott</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421934</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OREGON FARMERS MUT</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Ottman</b></p>				<p>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</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>660-446-3391</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421935</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEACE VALLEY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Kelly Bosserman</b></p>				<p>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</p>	
<p>Date: <b>5/24/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Kelly Bosserman</b></p>					
<p>Title or position of Authorized Officer: <b>V.P. Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer: <b>417-277-5550</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421936</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ROCK PORT TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Rick Bradley</b></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: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Rick Bradley</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>660-744-5311</b></p>					
Study Area Code of Reporting Carrier	<b>421942</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STOUTLAND TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Garrin Bott</b></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: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Garrin Bott</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421951</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LAVACA TEL CO-OK</b></p>					
<p>Signature of Authorized Officer: <b>Keith Gibson</b></p>				<p><small>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ok,l=Lavaca AR 72941-0230, Date:5/24/2017</small></p> <p>Date: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Keith Gibson</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>479-674-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431704</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KANOKLA TEL ASSN-OK</b></p>					
<p>Signature of Authorized Officer: <b>Jill Kuehny</b></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: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Jill Kuehny</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>620-845-5682</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431788</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ATLAS TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Barbara Summa</b></p>				<p><small>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas tel co,l=Big Cabin OK 74332-0077, Date:5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Barbara Summa</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>918-783-5111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431966</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEGGS TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Kay Mount</b></p>				<p>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</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kay Mount</b></p>					
<p>Title or position of Authorized Officer: <b>Pres. &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>918-267-3636</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431968</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CARNEGIE TEL CO INC</b></p>					
<p>Signature of Authorized Officer: <b>Gary Woodruff</b></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: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Gary Woodruff</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>580-654-1002</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431976</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL OKLAHOMA TEL</b></p>					
<p>Signature of Authorized Officer: <b>Steve Guest</b></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: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Steve Guest</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>918-377-2241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431977</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHEROKEE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Samuel Sanchez</b></p>				<p><small>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee tel co, e= , Date:5/30/2017</small></p> <p>Date: <b>5/30/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Samuel Sanchez</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>580-434-5375</b></p>					
Study Area Code of Reporting Carrier	<b>431979</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHOUTEAU TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Michael Skrivan</b></p>				<p>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=chouteau tel co, Inc., Date: 5/26/2017</p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Michael Skrivan</b></p>					
<p>Title or position of Authorized Officer: <b>Vice-President Regulatory</b></p>					
<p>Telephone number of Authorized Officer: <b>207-535-4150</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431981</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Cimarron Telephone Company</u>				
Signature of Authorized Officer <u>Gene Baldwin</u>				Date <u>05/18/2017</u>
Printed name of Authorized Officer <u>Gene Baldwin</u>				
Title or position of Authorized Officer <u>Executive Vice President</u>				
Telephone number of Authorized Officer: <u>(918) 865-3311</u> , ext. <u>        </u>				
Study Area Code of Reporting Carrier <u>431982</u>		Filing Due Date for this form (mm/dd/yyyy) <u>6/16/2017</u>		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRAND TEL CO INC</b></p>					
<p>Signature of Authorized Officer: <b>Jason Anderson</b></p>				<p>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</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Jason Anderson</b></p>					
<p>Title or position of Authorized Officer: <b>Controller/Co-Manager/2nd Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>918-253-4231</b></p>					
Study Area Code of Reporting Carrier	<b>431994</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HINTON TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Kenneth Doughty</b></p>				<p>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton tel co,l=Hinton OK 73047, Date:5/23/2017</p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kenneth Doughty</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>405-542-3262</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431995</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MEDICINE PARK TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Dean Pennello</b></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: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Dean Pennello</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>580-529-2700</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432008</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OKLATEL COMM.</b></p>					
<p>Signature of Authorized Officer: <b>Toney Prather</b></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: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Toney Prather</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>254-893-1000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432013</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PIONEER TEL COOP INC</b></p>					
<p>Signature of Authorized Officer: <b>Richard Ruhl</b></p>				<p>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</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Richard Ruhl</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>405-375-0191</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432018</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Pottawatomie Telephone Company		
Signature of Authorized Officer			Date 05/ /2017
Printed name of Authorized Officer	Dan Overland		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer:	(405) 997-5201 ext.		
Study Area Code of Reporting Carrier	432020	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SHIDLER TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Lisa Patton</b></p>				<p>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</p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Lisa Patton</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>918-793-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432023</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SW OKLAHOMA TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>George Wycoff</b></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: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer: <b>George Wycoff</b></p>					
<p>Title or position of Authorized Officer: <b>Exec. Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>580-679-3345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432025</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

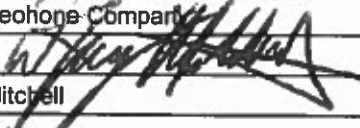
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Wyandotte Telephones Company			
Signature of Authorized Officer 			Date 5/30/2017
Printed name of Authorized Officer W. Jay Mitchell			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (417) 776-2247 ext.			
Study Area Code of Reporting Carrier	432034	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BLOSSOM TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>C. Dorries</b></p>				<p>Digitally signed by C. Dorries DN:cn=C. Dorries,email=Clint@blossomtel.net,O=blossom tel co,l=Blossom TX 75416-0008, Date:5/17/2017</p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>C. Dorries</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>903-982-5200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442038</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <i>Big Bend Telephone</i>				
Signature of Authorized Officer <i>Lauren Sanders</i>				Date
Printed name of Authorized Officer <i>Lauren Sanders</i>				
Title or position of Authorized Officer <i>VP Commercial</i>				
Telephone number of Authorized Officer: <i>432.361.0054</i>				
Study Area Code of Reporting Carrier <i>442039</i>		Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</i>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BRAZORIA TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Gil Rasco</b></p>				<p>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</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Gil Rasco</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>979-798-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442040</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH TEXAS TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Toney Prather</b></p>				<p>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</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Toney Prather</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>254-893-1000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442043</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLEMAN COUNTY CO-OP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tim Humpert</span></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: <span style="color: blue;">5/17/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tim Humpert</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">325-348-3124</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442057</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COLORADO VALLEY TEL</b></p>					
<p>Signature of Authorized Officer: <b>Kelly Allison</b></p>				<p>Digitally signed by Kelly Allison DN:cn=Kelly Allison,email=kellya@coloradovalley.com,O=colorado valley tel,l=La Grange TX 78945, Date:5/23/2017</p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kelly Allison</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>979-247-8315</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442059</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TOTELCOM COMM.</b></p>					
<p>Signature of Authorized Officer: <b>Toney Prather</b></p>				<p>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</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Toney Prather</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>254-893-1000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442060</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COMMUNITY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Clifford Humpert</b></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: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Clifford Humpert</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>940-423-6201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442061</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CUMBY TEL COOP INC</b></p>					
<p>Signature of Authorized Officer: <b>Karen Zimmerman</b></p>				<p>Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenc@cumbytel.com,O=cumby tel coop inc, =Cumby TX 75433, Date:5/30/2017</p>	
<p>Date: <b>5/30/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Karen Zimmerman</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>903-994-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442065</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DELL TEL. CO-OP - TX</b></p>					
<p>Signature of Authorized Officer: <b>Marcy Guillen</b></p>				<p>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mg Guillen@dellcity.com,O=dell tel. co-op - tx,l= , Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Marcy Guillen</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>915-964-2352</b></p>					
Study Area Code of Reporting Carrier	<b>442066</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ELECTRA TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <b>Amanda Molina</b></p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=electra telephone co, Date: 5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of External Relations</b></p>					
<p>Telephone number of Authorized Officer: <b>904-259-0029</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442069</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FIVE AREA TEL CO-OP</b></p>					
<p>Signature of Authorized Officer: <b>Mark Washington</b></p>				<p>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</p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Mark Washington</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>806-272-5533</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442071</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>BORDER TO BORDER</b>					
Signature of Authorized Officer: <b>Herman Roark Jr.</b>				<small>Digitally signed by Herman Roark Jr. DN:cn=Herman Roark Jr.,email=herman.roark@border2border.com,O=border to border,lc=, Date:5/26/2017</small> Date: <b>5/26/2017</b>	
Printed name of Authorized Officer: <b>Herman Roark Jr.</b>					
Title or position of Authorized Officer: <b>President</b>					
Telephone number of Authorized Officer: <b>956-936-2000</b>					
Study Area Code of Reporting Carrier	<b>442073</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GANADO TEL.</b></p>					
<p>Signature of Authorized Officer: <b>Bill Rakowitz</b></p>				<p>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</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Bill Rakowitz</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>361-771-3331</b></p>					
Study Area Code of Reporting Carrier	<b>442076</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <u>Hill Country Telephone Cooperative, Inc.</u></p>			
<p>Signature of Authorized Officer <u><i>Willard R. Bass</i></u></p>			<p>Date <u>5-22-2017</u></p>
<p>Printed name of Authorized Officer <u>Willard R. Bass</u></p>			
<p>Title or position of Authorized Officer <u>Board President</u></p>			
<p>Telephone number of Authorized Officer: <u>(830)367-5333</u> ext. <u>        </u></p>			
<p>Study Area Code of Reporting Carrier</p>	<p><u>442086</u></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><u>6/16/2017</u></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALENCO COMMUNICATION</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Ray Bussell</span></p>				<p><small>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communication,l=Joshua TX 76058, Date:5/17/2017</small></p>	
<p>Date: <span style="color: blue;">5/17/2017</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Ray Bussell</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">817-447-0127</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442090</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ETS TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer:      <b>J. Findley</b></p>				<p>Digitally signed by J. Findley DN:cn=J. Findley,email=jfindley@entouchsystems.net,O=ets tel. co., inc., Date:5/18/2017</p>	
<p>Date:      <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer:      <b>J. Findley</b></p>					
<p>Title or position of Authorized Officer:      <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer:      <b>281-225-0501</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442091</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LIPAN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Beth Howard</span></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: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Beth Howard</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Sec / Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">254-646-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442105</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MUENSTER DBA NORTEX</b></p>					
<p>Signature of Authorized Officer: <b>Alan Rohmer</b></p>				<p>Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster dba nortex,l=Muenster TX 76252, Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Alan Rohmer</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>940-759-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442116</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TEL COOP -TX</b></p>					
<p>Signature of Authorized Officer: <b>Lloyd Steele</b></p>				<p><small>Digitally signed by Lloyd Steele DN:cn=Lloyd Steele,email=steven.steele@gopeoples.net,O=peoples tel coop -tx,l=Quitman TX 75783-0228, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Lloyd Steele</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>903-878-3132</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442130</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier <b>Riviera Telephone Company, Inc</b>				
Signature of Authorized Officer 				Date <b>05/22/17</b>
Printed name of Authorized Officer <b>Bill Colston, Jr</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(361) 296-3232</b> ext.				
Study Area Code of Reporting Carrier	<b>442134</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHWEST TEXAS TEL</b></p>					
<p>Signature of Authorized Officer: <b>Gary Gilmer</b></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: <b>5/25/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Gary Gilmer</b></p>					
<p>Title or position of Authorized Officer: <b>President, CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>830-683-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442135</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SANTA ROSA TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Jason Tole</b></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: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Jason Tole</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant GM / CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>940-886-2014</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442141</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH PLAINS TEL</b></p>					
<p>Signature of Authorized Officer: <b>Scotty Hart</b></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: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Scotty Hart</b></p>					
<p>Title or position of Authorized Officer: <b>CEO / General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>806-763-2301</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442143</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TATUM TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Amanda Molina</b></p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=tatum tel co, = , Date:5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of External Relations</b></p>					
<p>Telephone number of Authorized Officer: <b>904-259-0029</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442150</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

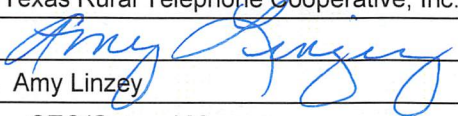
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				West Texas Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer			Amy Linzey		
Title or position of Authorized Officer			CEO/General Manager		
Telephone number of Authorized Officer: (806) 364-3331, ext.					
Study Area Code of Reporting Carrier		442166		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2017	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **XIT Rural Telephone Cooperative, Inc**

Signature of Authorized Officer *Darrell F. Dennis*

Date **05/26/17**

Printed name of Authorized Officer **Darrell F. Dennis**

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

Telephone number of Authorized Officer: **(806) 384-3311**, ext.


Study Area Code of Reporting Carrier **442170**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Hopi Telecommunications, INC</u>				
Signature of Authorized Officer <u>[Signature]</u>				Date <u>5/18/17</u>
Printed name of Authorized Officer <u>CARROLL ONSAE</u>				
Title or position of Authorized Officer <u>PRESIDENT and General Manager</u>				
Telephone number of Authorized Officer: <u>928 522-8428</u> ext.				
Study Area Code of Reporting Carrier	<u>450815</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Tohono O'odham Utility Authority				
Signature of Authorized Officer <i>Harriet Toro</i>			Date May 24, 2017	
Printed name of Authorized Officer Harriet Toro				
Title or position of Authorized Officer Chairwoman				
Telephone number of Authorized Officer: (520) 383-2236 ext.				
Study Area Code of Reporting Carrier	452173	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ACCIPITER DBA ZONA</b></p>					
<p>Signature of Authorized Officer: <b>Patrick Sherrill</b></p>				<p>Digitally signed by Patrick Sherrill DN:cn=Patrick Sherrill,email=psherrill@teamzona.com,O=accipiter dba zona, Date:5/19/2017</p>	
<p>Date: <b>5/19/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Patrick Sherrill</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>928-501-5000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452191</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FORT MOJAVE TEL, INC</b></p>					
<p>Signature of Authorized Officer: <b>Linda Gutierrez</b></p>				<p><small>Digitally signed by Linda Gutierrez DN:cn=Linda Gutierrez,email=linfnti@ftmojave.net,O=fort mojave tel, inc, Date:5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Linda Gutierrez</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>928-346-2521</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452200</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

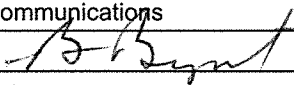
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDVALE-AZ</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Stuart</span></p>				<p><small>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale-az,l=M idvale ID 83645, Date:5/30/2017</small></p> <p>Date: <span style="color: blue;">5/30/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Stuart</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-355-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452226</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TABLE TOP TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Kristann Mattes</b></span></p>				<p><small>Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=table top tel co,l=O'Neals CA 93645, Date:5/26/2017</small></p> <p>Date: <span style="color: blue;">5/26/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kristann Mattes</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">559-868-6346</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">453334</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Saddleback Communications</b>				
Signature of Authorized Officer 			Date <b>May 26, 2017</b>	
Printed name of Authorized Officer <b>Bill Bryant</b>				
Title or position of Authorized Officer <b>President/General Manager</b>				
Telephone number of Authorized Officer: <b>(480) 362-7001</b> ext.				
Study Area Code of Reporting Carrier	<b>457991</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SUNFLOWER TEL - CO</b></p>					
<p>Signature of Authorized Officer: <b>Michael Skrivan</b></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: <b>5/25/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Michael Skrivan</b></p>					
<p>Title or position of Authorized Officer: <b>Vice-President Regulatory</b></p>					
<p>Telephone number of Authorized Officer: <b>207-535-4150</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>461835</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>AGATE MUTUAL TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Judy Hollembeak</b></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: <b>5/23/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Judy Hollembeak</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>719-764-2578</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462178</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BIJOU TEL COOP ASSOC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Brian Creveling</b></span></p>				<p><small>Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel coop assoc,l= , Date:5/22/2017</small></p> <p>Date: <span style="color: blue;">5/22/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brian Creveling</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">303-822-5400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462181</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BLANCA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Alan Wehe</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/26/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Alan Wehe</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">719-379-3839</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462182</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>EASTERN SLOPE RURAL</b></p>					
<p>Signature of Authorized Officer: <b>Patricia White</b></p>				<p>Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural,l=Hugo CO 80821-0397, Date:5/16/2017</p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Patricia White</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>719-743-2441</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462186</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <b>FARMERS TEL CO - CO</b>					
Signature of Authorized Officer: <b>Douglas Pace</b>				Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dp@ftitel.net,O=farmers tel co - co,l=Pleasant View CO 81331-0369, Date:5/26/2017 Date: <b>5/26/2017</b>	
Printed name of Authorized Officer: <b>Douglas Pace</b>					
Title or position of Authorized Officer: <b>General Manager</b>					
Telephone number of Authorized Officer: <b>970-562-0058</b>					
Study Area Code of Reporting Carrier	<b>462188</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAXTUN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Amanda Molina</span></p>				<p><small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=haxtun tel co,lc=US, Date:5/26/2017</small></p>	
<p>Date: <span style="color: blue;">5/26/2017</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Amanda Molina</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of External Relations</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">904-259-0029</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462190</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BIG SANDY TELECOM</b></p>					
<p>Signature of Authorized Officer: <b>Michael Skrivan</b></p>				<p>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=big sandy telecom,lc= , Date:5/26/2017</p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Michael Skrivan</b></p>					
<p>Title or position of Authorized Officer: <b>Vice-President Regulatory</b></p>					
<p>Telephone number of Authorized Officer: <b>207-535-4150</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462192</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NUCLA-NATURITA TEL</b></p>					
<p>Signature of Authorized Officer: <b>Kelly Tomlinson</b></p>				<p>Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucpla-naturita tel,l=Nucpla CO 81424, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kelly Tomlinson</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>970-864-7335</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462193</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <i>NUNN TELEPHONE COMPANY</i>				
Signature of Authorized Officer <i>[Signature]</i>				Date <i>5/25/17</i>
Printed name of Authorized Officer <i>Gregory R. Grahlender</i>				
Title or position of Authorized Officer <i>MANAGER</i>				
Telephone number of Authorized Officer: <i>870-897-2206</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH PARK TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>David Shipley</b></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: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer: <b>David Shipley</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>719-676-4151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462195</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEETZ COOP TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Kathy Glassburn</b></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: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kathy Glassburn</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>970-334-2220</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462196</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PHILLIPS COUNTY TEL</b></p>					
<p>Signature of Authorized Officer: <b>Vincent Kropp</b></p>				<p>Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vince.kropp@pctelcom.org,O=phillips county tel, n=Holyoke CO 80734, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Vincent Kropp</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>970-854-2201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462197</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PINE DRIVE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Matthew Sellers</b></p>				<p>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</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Matthew Sellers</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>719-485-3400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462198</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PLAINS COOP TEL ASSN</b></p>					
<p>Signature of Authorized Officer: <b>Mike Leerar</b></p>				<p>Digitally signed by Mike Leerar DN:cn=Mike Leerar,email=mab@plainstel.com,O=plains coop tel assn, =Joes CO 80822, Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Mike Leerar</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>970-358-4211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462199</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ROGGEN TEL COOP CO</b></p>					
<p>Signature of Authorized Officer: <b>Peggy Manino</b></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: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Peggy Manino</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>303-849-5260</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462202</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COLUMBINE ACQ CORP</b></p>					
<p>Signature of Authorized Officer: <b>Michael Skrivan</b></p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=columbine acq corp, Inc., Date: 5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Michael Skrivan</b></p>					
<p>Title or position of Authorized Officer: <b>Vice-President Regulatory</b></p>					
<p>Telephone number of Authorized Officer: <b>207-535-4150</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462204</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STONEHAM COOP TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Taya Northrup</b></p>				<p>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</p> <p>Date: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Taya Northrup</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>970-735-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462206</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WIGGINS TEL ASSOC</b></p>					
<p>Signature of Authorized Officer: <b>Terry Hendrickson</b></p>				<p>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</p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Terry Hendrickson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>970-483-7343</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462209</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALBION TEL CO-ATC</b></p>					
<p>Signature of Authorized Officer: <b>Rich Redman</b></p>				<p>Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc, =Albion ID 83311, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Rich Redman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>208-673-5335</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472213</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CAMBRIDGE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Kristie Kanady</b></p>				<p>Digitally signed by Kristie Kanady DN:cn=Kristie Kanady,email=kkanady@ctctele.com,O=cambridge tel co,l= , Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kristie Kanady</b></p>					
<p>Title or position of Authorized Officer: <b>Billing Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>208-257-3314</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472215</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CUSTER TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Thornock</b></p>				<p>Digitally signed by Dennis Thornock DN:cn=Dennis Thornock,email=dennis@custertel.net,O=custer tel coop, =Challis ID 83226, Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Dennis Thornock</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>208-879-2281</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472218</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FILER MUTUAL TEL -ID</b></p>					
<p>Signature of Authorized Officer: <b>Steve Cowger</b></p>				<p>Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -id, Filer ID 83328, Date:5/17/2017</p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Steve Cowger</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>208-326-4339</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472220</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer: <b>Daniel Greig</b></p>				<p>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</p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Daniel Greig</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>208-452-3100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472221</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDVALE TEL EXCH INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Stuart</span></p>				<p><small>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtcom.com,O=midvale tel exch inc,l=Midvale ID 83645, Date:5/30/2017</small></p> <p>Date: <span style="color: blue;">5/30/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Stuart</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-355-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472226</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.


<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PROJECT MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer: <b>Rick Harder</b></p>				<p>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel,lc=US, Date:5/25/2017</p>	
<p>Date: <b>5/25/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Rick Harder</b></p>					
<p>Title or position of Authorized Officer: <b>CFO/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>208-434-7124</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472231</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DIRECT COMM-ROCKLAND</b></p>					
<p>Signature of Authorized Officer: <b>Leonard May</b></p>				<p><small>Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland,l=Rockland ID 83271, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Leonard May</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472232</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier, Rural Telephone Company - ID				
Signature of Authorized Officer 			Date 05/23/2017	
Printed name of Authorized Officer Michael J. Martell				
Title or position of Authorized Officer Vice-President				
Telephone number of Authorized Officer: (208) 366-2614 ext.				
Study Area Code of Reporting Carrier 472233		Filing Due Date for this form (mm/dd/yyyy) 6/16/2017		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Columbine Telephone Company dba Silver Star Communications</b>			
Signature of Authorized Officer <i>B Sessions</i>			Date <b>May 19, 2017</b>
Printed name of Authorized Officer <b>Barbara Sessions</b>			
Title or position of Authorized Officer <b>Chief Financial Officer</b>			
Telephone number of Authorized Officer: <b>(307) 883-6672</b> ext.			
Study Area Code of Reporting Carrier	<b>472295</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOT SPRINGS TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Kathe Johnson</b></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: <b>5/30/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kathe Johnson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>406-721-0846</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482241</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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>					

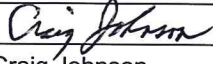
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INTERBEL TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Randy Wilson</b></p>				<p>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</p> <p>Date: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Randy Wilson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>406-889-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482242</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Mid-Rivers Telephone Cooperative, Inc.				
Signature of Authorized Officer 				Date May 18, 2017
Printed name of Authorized Officer Craig Johnson				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (406) 485-3301 ext.				
Study Area Code of Reporting Carrier	482246		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

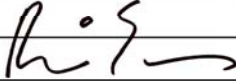
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHERN TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Mike Sheard</b></p>				<p>Digitally signed by Mike Sheard DN:cn=Mike Sheard,email=accounting@northermtel.net,O=northern tel coop,l=Sunburst MT 59482, Date:5/22/2017</p> <p>Date: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Mike Sheard</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>406-937-9661</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482248</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>PROJECT TEL CO</b>			
Signature of Authorized Officer 			Date <b>2017.05.24</b>
Printed name of Authorized Officer <b>REMI SUN</b>			
Title or position of Authorized Officer <b>CHIEF FINANCIAL OFFICER</b>			
Telephone number of Authorized Officer: <b>(406) 783-2358</b> ext. _____			
Study Area Code of Reporting Carrier	<b>482250</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANGE TEL COOP-MT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gail Rainey</span></p>				<p><small>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel coop-mt,l=Forsyth MT 59327, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gail Rainey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-347-2859</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHERN MONTANA TEL</b></p>					
<p>Signature of Authorized Officer: <b>Larry Mason</b></p>				<p>Digitally signed by Larry Mason DN:cn=Larry Mason,email=LMason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Larry Mason</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>406-689-3333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482254</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>3-RIVERS TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Bradley Veis</b></p>				<p>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</p> <p>Date: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Bradley Veis</b></p>					
<p>Title or position of Authorized Officer: <b>Director of Finance/CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>406-467-4405</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482255</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIANGLE TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Craig Gates</span></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: <span style="color: blue;">5/17/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Craig Gates</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-394-7807</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482257</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier 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.

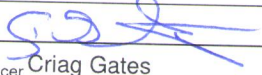
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MESCALERO APACHE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Godfrey Enjady</span></p>				<p><small>Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,/=Mescalero NM 88340, Date:5/24/2017</small></p> <p>Date: <span style="color: blue;">5/24/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Godfrey Enjady</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">505-795-5555</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">491231</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DELL TEL CO-OP - NM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Marcy Guillen</span></p>				<p><small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel co-op - nm,l= , Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Marcy Guillen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">915-964-2352</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492066</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

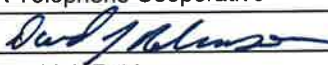
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BACA VALLEY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Paul Briesh</b></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: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Paul Briesh</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>575-278-2101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492259</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier ENMR Telephone Cooperative			
Signature of Authorized Officer 			Date 5-23-2017
Printed name of Authorized Officer David J. Robinson			
Title or position of Authorized Officer Chief Executive Officer			
Telephone number of Authorized Officer: (575) 389-5100 ext.			
Study Area Code of Reporting Carrier	492262	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		Leaco Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date 5/30/2017	
Printed name of Authorized Officer		Dale Snider	
Title or position of Authorized Officer		CEO	
Telephone number of Authorized Officer		675 1399-8225 ext.	
Study Area Code of Reporting Carrier		Filing Due Date for this form (month/day/year) 6/16/2017	
492264			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">Tularosa Basin Tel.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Joshua Beug</span></p>				<p><small>Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbt.net,O=tularosa basin tel.,l= , Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Joshua Beug</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-585-0125</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492265</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WESTERN NEW MEXICO</b></p>					
<p>Signature of Authorized Officer: <b>John Francis</b></p>				<p>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</p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer: <b>John Francis</b></p>					
<p>Title or position of Authorized Officer: <b>Exec. Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>575-535-2230</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492268</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PENASCO VALLEY TEL</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Bartley</b></p>				<p>Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel,= , Date:5/30/2017</p> <p>Date: <b>5/30/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kevin Bartley</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>575-748-1241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492270</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SACRED WIND</b></p>					
<p>Signature of Authorized Officer: <b>John Badal</b></p>				<p>Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind, Inc., Date: 5/23/2017</p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer: <b>John Badal</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>505-821-5080</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>493403</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL UTAH TEL INC</b></p>					
<p>Signature of Authorized Officer: <b>Mike Plows</b></p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc, Date:5/16/2017</p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>425-275-1013</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502277</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GUNNISON TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Natalie Gleave</b></p>				<p>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</p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Natalie Gleave</b></p>					
<p>Title or position of Authorized Officer: <b>Controller/Director</b></p>					
<p>Telephone number of Authorized Officer: <b>435-528-7236</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502279</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SKYLINE TELECOM</b></p>					
<p>Signature of Authorized Officer: <b>Mike Plows</b></p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc=, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>425-275-1013</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502283</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEEHIVE TEL CO - UT</b></p>					
<p>Signature of Authorized Officer: <b>Jacob Warner</b></p>				<p>Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - ut,l= , Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Jacob Warner</b></p>					
<p>Title or position of Authorized Officer: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>435-837-6000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502284</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH CENTRAL UTAH</b></p>					
<p>Signature of Authorized Officer: <b>Michael East</b></p>				<p>Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah, Date: 5/17/2017</p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Michael East</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>435-826-4211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502286</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALL WEST COMM-UT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jenny Prescott</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/21/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jenny Prescott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP Customer Service &amp; Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-783-4913</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502288</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANGE TEL COOP - WY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gail Rainey</span></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: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gail Rainey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-347-2859</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

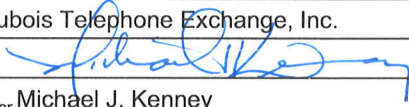
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHUGWATER TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>James Moberly</b></p>				<p>Digitally signed by James Moberly DN:cn=James Moberly,email=jmoberly@mwtdcorp.net,O=chugwater tel co,l=Chugwater WY 82210, Date:5/24/2017</p>	
<p>Date: <b>5/24/2017</b></p>					
<p>Printed name of Authorized Officer: <b>James Moberly</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>307-422-3535</b></p>					
Study Area Code of Reporting Carrier	<b>512289</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Dubois Telephone Exchange, Inc.</b>			
Signature of Authorized Officer 			Date <b>5/16/17</b>
Printed name of Authorized Officer <b>Michael J. Kenney</b>			
Title or position of Authorized Officer <b>Vice President/General Manager</b>			
Telephone number of Authorized Officer: <b>(307) 455-2341</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>512291</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Silver Star Tel Co. Inc.</b>			
Signature of Authorized Officer <i>B Sessions</i>			Date <b>May 19, 2017</b>
Printed name of Authorized Officer <b>Barbara Sessions</b>			
Title or position of Authorized Officer <b>Chief Financial Officer</b>			
Telephone number of Authorized Officer: <b>(307) 883-6672</b> ext.			
Study Area Code of Reporting Carrier	<b>512295</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

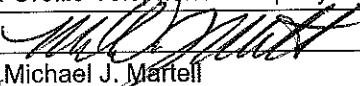
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <b>ELLENSBURG TEL CO</b>					
Signature of Authorized Officer: <b>Michael Skrivan</b>				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=ellensburg tel co, Inc., Date: 5/26/2017</small> Date: <b>5/26/2017</b>	
Printed name of Authorized Officer: <b>Michael Skrivan</b>					
Title or position of Authorized Officer: <b>Vice-President Regulatory</b>					
Telephone number of Authorized Officer: <b>207-535-4150</b>					
Study Area Code of Reporting Carrier	<b>522412</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Pend Oreille Telephone Company</b>				
Signature of Authorized Officer 				Date <b>05/23/2017</b>
Printed name of Authorized Officer <b>Michael J. Martell</b>				
Title or position of Authorized Officer <b>Vice-President</b>				
Telephone number of Authorized Officer: <b>(208) 366-2614</b> , ext.				
Study Area Code of Reporting Carrier <b>522418</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.


<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KALAMA TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Rick Vitzthum</b></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: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Rick Vitzthum</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>360-264-3155</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522426</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer 

Date **05/22/2017**

Printed name of Authorized Officer **Danielle Clausen**

Title or position of Authorized Officer **Controller**

Telephone number of Authorized Officer: **(360) 832-4130** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier **522431**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PIONEER TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Dallas Filan</b></p>				<p>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</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Dallas Filan</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>509-549-3511</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522437</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ST. JOHN TEL.</b></p>					
<p>Signature of Authorized Officer: <b>Eric Trump</b></p>				<p>Digitally signed by Eric Trump DN:cn=Eric Trump,email=eric@stjohncable.com,O=st. john tel.,l=St. John WA 99171, Date:5/19/2017</p>	
<p>Date: <b>5/19/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Trump</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>509-648-3322</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522442</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TENINO TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <b>Rick Vitzthum</b></p>				<p>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino telephone co, =Tenino WA 98589, Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Rick Vitzthum</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>360-264-3155</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522446</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TOLEDO TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <b>Philip Cappalonga</b></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: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Philip Cappalonga</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>360-864-2004</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522447</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				WESTERN WAHIAKUM COUNTY TELEPHONE COMPANY					
Signature of Authorized Officer						Date		05/22/2017	
Printed name of Authorized Officer			STEVEN M. APPELO						
Title or position of Authorized Officer			PRESIDENT						
Telephone number of Authorized Officer:			(360) 465-2211 ext.						
Study Area Code of Reporting Carrier		522451		Filing Due Date for this form (mm/dd/yyyy)		6/16/2017			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WHIDBEY TEL CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Frank McIntyre</span></p>				<p><small>Digitally signed by Frank McIntyre DN:cn=Frank McIntyre,email=frank.mcintyre@whidbeytel.com,O=whidbey tel co.,l= , Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Frank McIntyre</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-321-0088</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522452</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>YCOM NETWORKS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Michael Skrivan</b></p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=ycom networks, inc.,c= Date:5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Michael Skrivan</b></p>					
<p>Title or position of Authorized Officer: <b>Vice-President Regulatory</b></p>					
<p>Telephone number of Authorized Officer: <b>207-535-4150</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522453</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEAVER CREEK COOP</b></p>					
<p>Signature of Authorized Officer: <b>Paul Hauer</b></p>				<p>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=beaver creek coop, Mt. Angel OR 97362, Date:5/30/2017</p>	
<p>Date: <b>5/30/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Paul Hauer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/President</b></p>					
<p>Telephone number of Authorized Officer: <b>503-845-4433</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532359</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CANBY TEL ASSN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/30/2017</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-632-6314</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532362</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLEAR CREEK MUTUAL</b></p>					
<p>Signature of Authorized Officer: <b>Mitchell Moore</b></p>				<p>Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Mitchell Moore</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>503-631-2101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532363</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: COLTON TEL CO</p>					
<p>Signature of Authorized Officer: <b>Stephanie Sauvageau</b></p>				<p>Digitally signed by Stephanie Sauvageau DN: cn=Stephanie Sauvageau, email=stephanie@coltonel.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: Stephanie Sauvageau</p>					
<p>Title or position of Authorized Officer: Accountant</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>EAGLE TEL SYSTEMS</b></p>					
<p>Signature of Authorized Officer: <b>Mike Lattin</b></p>				<p><small>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</small></p> <p>Date: <b>5/30/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Mike Lattin</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-893-6111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532369</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CASCADE UTIL INC</b></p>					
<p>Signature of Authorized Officer: <b>Brooke Wheeler</b></p>				<p>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</p>	
<p>Date: <b>5/30/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-630-8952</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532371</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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>					



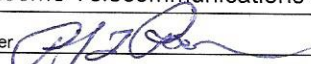
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GERVAIS-DATAVISION</b></p>					
<p>Signature of Authorized Officer: <b>Renee Willer</b></p>				<p>Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais-datavisio n,/=Gervais OR 97026, Date:5/30/2017</p> <p>Date: <b>5/30/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Renee Willer</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-792-3611</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532373</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Roome Telecommunications Inc	
Signature of Authorized Officer					
Date			5-16-17		
Printed name of Authorized Officer				Randal L Roome	
Title or position of Authorized Officer				Presidnet	
Telephone number of Authorized Officer: (541) 369-2211 ext.					
Study Area Code of Reporting Carrier		532375		Filing Due Date for this form (mm/dd/yyyy)	
				06/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TRANS-CASCADES TEL</b></p>					
<p>Signature of Authorized Officer: <b>Brooke Wheeler</b></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: <b>5/30/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-630-8952</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532378</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOLALLA TEL CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Terry Simms</span></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: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Terry Simms</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President/CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-829-1122</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532383</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MONITOR COOP TEL</b></p>					
<p>Signature of Authorized Officer: <b>Stephanie Sauvageau</b></p>				<p>Digitally signed by Stephanie Sauvageau DN: cn=Stephanie Sauvageau, email=stephanie@coltontel.com, O=monitor coop tel, Inc., Date: 5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Stephanie Sauvageau</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-634-2266</b></p>					
Study Area Code of Reporting Carrier	<b>532384</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

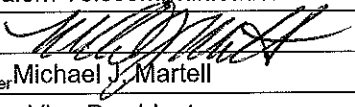
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MONROE TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Mills</span></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: <span style="color: blue;">5/26/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Mills</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">541-847-5135</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532385</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CANBY-MT ANGEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Paul Hauer</span></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: <span style="color: blue;">5/30/2017</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-632-6314</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532386</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Nehalem Telecommunications Inc.</b>				
Signature of Authorized Officer 			Date <b>05/23/2017</b>	
Printed name of Authorized Officer <b>Michael J. Martell</b>				
Title or position of Authorized Officer <b>Vice-President</b>				
Telephone number of Authorized Officer: <b>(208) 366-2614</b> ext.				
Study Area Code of Reporting Carrier <b>532387</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH STATE TEL CO.</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></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: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532388</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OREGON TEL CORP</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></p>				<p><small>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</small></p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532389</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OREGON-IDAHO UTIL.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Justin Perez</span></p>				<p><small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho util.,c=Nampa ID 83653, Date:5/19/2017</small></p> <p>Date: <span style="color: blue;">5/19/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Justin Perez</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller / Corporate Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-461-7802</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532390</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TEL CO. - OR</b></p>					
<p>Signature of Authorized Officer: <b>Curt Thornton</b></p>				<p>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples tel co. - or, =Stayton OR 97383, Date:5/17/2017</p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Curt Thornton</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-769-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532391</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PINE TEL SYSTEM INC.</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></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: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532392</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PIONEER TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Michael Whalen</b></p>				<p>Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,j=Philomath OR 97370-0631, Date:5/24/2017</p> <p>Date: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Michael Whalen</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-929-8256</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532393</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SCIO MUTUAL TEL ASSN</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Barth</b></p>				<p><small>Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tom.barth@smta.coop,O=scio mutual tel assn,l=Scio OR 97374, Date:5/22/2017</small></p> <p>Date: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Thomas Barth</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>503-394-3366</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532397</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STAYTON COOP TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Curt Thornton</b></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: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Curt Thornton</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-769-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532399</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OREGON TEL CORP-MTE</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>533336</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CALAVERAS TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rose Cullen</span></p>				<p>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</p> <p>Date: <span style="color: blue;">5/30/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Rose Cullen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">209-785-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542301</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUCOR TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <b>Eric Votaw</b></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: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Votaw</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>661-834-7700</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542313</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

**TO BE COMPLETED BY THE REPORTING CARRIER,**

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

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

Name of Reporting Carrier

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier 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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 ext.			
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE PONDEROSA TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Kristann Mattes</b></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: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Kristann Mattes</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>559-868-6346</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542332</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

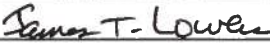
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SIERRA TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <b>Cynthia Huber</b></p>				<p><small>Digitally signed by Cynthia Huber DN:cn=Cynthia Huber,email=cindyh@stcg.net,O=sierra telephone co,l=Oakhurst CA 93644, Date:5/22/2017</small></p> <p>Date: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Cynthia Huber</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>559-642-0209</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542338</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VOLCANO TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Brenda Shepard</b></p>				<p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano tel co,l= , Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Brenda Shepard</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>209-296-1447</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542343</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



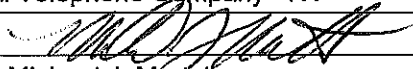
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **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**<sup>ext.</sup>

Study Area Code of Reporting Carrier

**552233**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEEHIVE TEL CO - NV</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Jacob Warner</b></span></p>				<p><small>Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - nv, Date: 5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jacob Warner</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-837-6000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552284</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHURCHILL-CC COMM.</b></p>					
<p>Signature of Authorized Officer: <b>Mark Feest</b></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: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Feest</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>775-423-7654</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552349</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN CTY TEL SYS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Christian, III</span></p>				<p><small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys, =Pioche NV 89043, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Christian, III</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">775-962-5131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552351</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOAPA VALLEY TEL CO.</b></p>					
<p>Signature of Authorized Officer: <b>Brad Lyon</b></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: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Brad Lyon</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>702-397-2601</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552353</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RIO VIRGIN TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Brooke Wheeler</b></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: <b>5/30/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-630-8952</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552356</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HUMBOLDT TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Justin Perez</b></p>				<p><small>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</small></p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Justin Perez</b></p>					
<p>Title or position of Authorized Officer: <b>Controller / Corporate Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>208-461-7802</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>553304</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ADAK TEL UTILITY</b></p>					
<p>Signature of Authorized Officer:      <b>Andilea Weaver</b></p>				<p><small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak tel utility,/= , Date:5/18/2017</small></p> <p>Date:      <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer:      <b>Andilea Weaver</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer:      <b>907-222-0844</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>610989</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARCTIC SLOPE TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Clover McNeil</span></p>				<p><small>Digitally signed by Clover McNeil DN: cn=Clover McNeil, email=cllover@astac.net, O=arctic slope tel, l= , Date: 5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Clover McNeil</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-564-2680</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613001</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BETTLES TEL CO INC</b></p>					
<p>Signature of Authorized Officer: <b>Michael Garrett</b></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: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Michael Garrett</b></p>					
<p>Title or position of Authorized Officer: <b>COO - Executive VP</b></p>					
<p>Telephone number of Authorized Officer: <b>360-385-1733</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613002</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BRISTOL BAY TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Jeffrey Fulton</b></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: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Jeffrey Fulton</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>907-439-0456</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613003</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BUSH-TEL INC.</b></p>					
<p>Signature of Authorized Officer: <b>W. DeVore</b></p>				<p>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</p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>W. DeVore</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>907-675-4311</b></p>					
Study Area Code of Reporting Carrier	<b>613004</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CIRCLE TEL &amp; ELEC</b></p>					
<p>Signature of Authorized Officer: <b>David Masephol</b></p>				<p>Digitally signed by David Masephol DN:cn=David Masephol,email=dmasephol@sbcglobal.net,O=circle tel &amp; elec, =Circle AK 99733, Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer: <b>David Masephol</b></p>					
<p>Title or position of Authorized Officer: <b>Member Owner</b></p>					
<p>Telephone number of Authorized Officer: <b>907-773-5500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613005</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COPPER VALLEY TEL</b></p>					
<p>Signature of Authorized Officer: <b>Chris Spencer</b></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: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Chris Spencer</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>907-835-7712</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613006</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTERIOR TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Brett Carter</b></span></p>				<p><small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior tel co inc, Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brett Carter</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP/Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-563-2003</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613011</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KETCHIKAN PUBLIC UT</b></p>					
<p>Signature of Authorized Officer: <b>Dan Lindgren</b></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: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Dan Lindgren</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant KPU Telecommunications Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>907-228-5439</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613013</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MUKLUK TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Brett Carter</span></p>				<p><small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=mukluk tel co inc, Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brett Carter</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP/Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-563-2003</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613016</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALASKA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Michael Garrett</span></p>				<p><small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska tel co,l=Port Townsend WA 98368, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Michael Garrett</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President / CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-385-1733</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613017</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

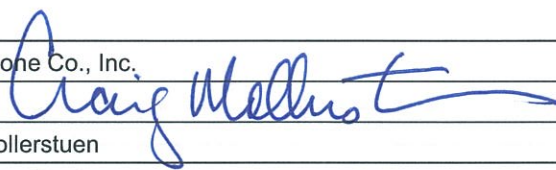
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NUSHAGAK ELEC &amp; TEL</b></p>					
<p>Signature of Authorized Officer: <b>Michael Megli</b></p>				<p>Digitally signed by Michael Megli DN:cn=Michael Megli,email=mmegli@nushagak.coop,O=nushagak elec &amp; tel,l=Dillingham AK 99576, Date:5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer: <b>Michael Megli</b></p>					
<p>Title or position of Authorized Officer: <b>Interim CEO/GM</b></p>					
<p>Telephone number of Authorized Officer: <b>907-842-5251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613018</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OTZ TEL COOPERATIVE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Doug Neal</span></p>				<p><small>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</small></p>	
<p>Date: <span style="color: blue;">5/23/2017</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Doug Neal</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-442-1000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613019</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Yukon Telephone Co., Inc.				
Signature of Authorized Officer 				Date 5/18/17
Printed name of Authorized Officer Craig Mollerstuen				
Title or position of Authorized Officer Vice President				
Telephone number of Authorized Officer: (907) 273-5217 ext.				
Study Area Code of Reporting Carrier	613025	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH COUNTRY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Michael Garrett</b></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: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer: <b>Michael Garrett</b></p>					
<p>Title or position of Authorized Officer: <b>President / CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>360-385-1733</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613026</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>Summit Telephone &amp; Telegraph Company of Alaska, Inc.</u>			
Signature of Authorized Officer <u>Roger L. Shoffstall</u>			Date <u>5/18/2017</u>
Printed name of Authorized Officer <u>Roger L. Shoffstall</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(907) 389-1612 ext.</u>			
Study Area Code of Reporting Carrier	<u>613028</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>

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

Carrier Cert

Transmittal No. 1519

TO BE COMPLETED BY THE REPORTING CARRIER,


<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Sandwich Isles Communications, Inc.</b>				
Signature of Authorized Officer <i>Breanne Kahalewai</i>				Date <b>5/24/17</b>
Printed name of Authorized Officer <b>Breanne Kahalewai</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(808) 524-8400</b> , ext. _____				
Study Area Code of Reporting Carrier	<b>623021</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Sandwich Isles Communications, Inc.	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Breanne Kahalewai		
Title or position of Authorized Officer			President		
Telephone number of Authorized Officer: (808) 524-8400 ext.					
Study Area Code of Reporting Carrier		623021	Filing Due Date for this form (mm/dd/yyyy)		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.					

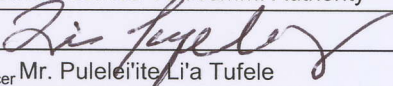
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TELEGUAM HOLDINGS</b></p>					
<p>Signature of Authorized Officer: <b>John Brady</b></p>				<p>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings, = Date:5/22/2017</p>	
<p>Date: <b>5/22/2017</b></p>					
<p>Printed name of Authorized Officer: <b>John Brady</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>671-644-0013</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>663800</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></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 THE REPORTING CARRIER,

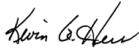
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

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

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

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

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

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