

VOLUME 1

APPENDIX C Exhibit 4

CARRIER CERTIFICATIONS Accuracy of CAF BLS Data

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>OXFORD WEST TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Cindy Bryce | | | | <div style="font-size: small;">Digitally signed by Cindy Bryce DN:cn=Cindy Bryce,email=cbryce@oxfordnetworks.com,O=oxford west tel. co.,l=Lewiston ME 04240-7418, Date:3/23/2017</div> | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Cindy Bryce</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Mgr.</u> | | | | | |
| Telephone number of authorized officer or employee: <u>207-333-3461</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>100002</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LINCOLNVILLE NETWORKS, INC.</u> | | | | | |
| Signature of authorized officer or employee Seth Robertson | | | | <small>Digitally signed by Seth Robertson DN:cn=Seth Robertson,email=sethr@intelco.net,O=lincolnvill networks, inc.,l=Nobleboro ME 04555, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Seth Robertson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>207-563-9911</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>100003</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>OXFORD COUNTY TEL. & TELE. CO.</u> | | | | | |
| Signature of authorized officer or employee Cindy Bryce | | | | <div style="font-size: small;">Digitally signed by Cindy Bryce DN:cn=Cindy Bryce,email=cbryce@oxfordnetworks.com,O=oxford county tel. & tele. co.,l=Lewiston ME 04240-7418, Date:3/23/2017</div> | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Cindy Bryce</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Mgr.</u> | | | | | |
| Telephone number of authorized officer or employee: <u>207-333-3461</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>100019</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>UNION RIVER TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee David Pelletier | | | | <div style="font-size: small;">Digitally signed by David Pelletier DN:cn=David Pelletier,email=dpelletier@RIVAH.NET,O=union river tel. co.,l= , Date:3/24/2017</div> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>David Pelletier</u> | | | | | |
| Title or position of authorized officer or employee: <u>Business Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>207-584-9911</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>100027</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>UNITEL, INC.</u> | | | | | |
| Signature of authorized officer or employee David Dubois | | | | <small>Digitally signed by David Dubois DN:cn=David Dubois,email=ddubois@unitel.me,O=unitel,inc.,l=Unity ME 04988, Date:3/25/2017</small> Date: <u>3/25/2017</u> | |
| Printed name of authorized officer or employee: <u>David Dubois</u> | | | | | |
| Title or position of authorized officer or employee: <u>CPA, Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>207-948-3466</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>100029</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3080-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Bretton Woods Telephone Company, Inc.</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Karen M. Wante</u> | | | |
| Title or position of authorized officer or employee <u>Vice President</u> | | | |
| Telephone number of authorized officer or employee: (<u>603</u>) <u>278</u> - <u>9911</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>120038</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

Certification-Agent

Transmittal No. 1519

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GRANITE STATE TEL., INC.</u> | | | | | |
| Signature of authorized officer or employee Steven Schilling | | | | Digitally signed by Steven Schilling DN:cn=Steven Schilling,email=sschilling@gsn.net,O=granite state tel., inc.,l=Weare NH 03281, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Steven Schilling</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>603-529-6258</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>120039</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DIXVILLE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employe Ann Walsh | | | | <div style="font-size: small;">Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel. co.,l=Seekonk MA 02771, Date:3/21/2017</div> Date: <u>3/21/2017</u> | |
| Printed name of authorized officer or employee: <u>Ann Walsh</u> | | | | | |
| Title or position of authorized officer or employee: <u>Assistant Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>781-402-1731</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>120042</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DUNBARTON TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee David Montgomery | | | | <small>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel. co.,l=Dunbarton NH 03046, Date:3/20/2017</small> Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>David Montgomery</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>603-774-9911</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>120043</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

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|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FRANKLIN TEL. CO.-VT</u> | | | | | |
| Signature of authorized officer or employee Kimberly Gates Maynard | | | | <small>Digitally signed by Kimberly Gates Maynard DN: cn=Kimberly Gates Maynard, email=ftc@franklinvt.net, O=franklin tel. co. -vt, l=Franklin VT 05457, Date: 3/23/2017</small> | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Kimberly Gates Maynard</u> | | | | | |
| Title or position of authorized officer or employee: <u>Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>802-285-9911</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>140053</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

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Connect America Fund Broadband Loop Support
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Projected Annual Common Line Revenue Requirement Form

FCC Form 508
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
|--|--|--|------------------|
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>TOPSHAM TELEPHONE COMPANY, INC.</u> | | | |
| Signature of authorized officer or employee <u>Mark W. DePerron</u> | | Date <u>03/16/2017</u> | |
| Printed name of authorized officer or employee <u>MARK W DEPERRON</u> | | | |
| Title or position of authorized officer or employee <u>CONTROLLER</u> | | | |
| Telephone number of authorized officer or employee <u>1 315 1324 -5411 ext.</u> | | | |
| State Area Code of Reporting Carrier <u>14068</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <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. §§ 602, 605(h), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

Certification Agent

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WAITSFIELD/FAYSTON TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Roger Nishi | | | | Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston tel. co.,l=Waitsfield VT 05673, Date:3/22/2017 | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Roger Nishi</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President - Industry Relations</u> | | | | | |
| Telephone number of authorized officer or employee: <u>802-496-8336</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>140069</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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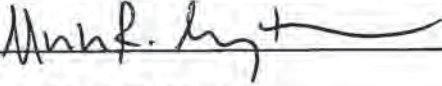
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>VERMONT TELEPHONE COMPANY, INC.</u> | | | | | |
| Signature of authorized officer or employee Fran Stocker | | | | Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont telephone company, inc.,l=Springfield VT 05156, Date:3/21/2017 | |
| Date: <u>3/21/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Fran Stocker</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>802-885-7745</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>147332</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Interstate Common Line Support Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 508
OMB Control No. 0048-0092
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|---|---------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Interstate Common Line Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Interstate Common Line Support Mechanism projected annual common line revenue requirement information provided to the authorized agent is accurate.</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Cassadaga Telephone Corporation</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>3-20-17</u> |
| Printed name of authorized officer or employee <u>Mark R. Maytum</u> | | | |
| Title or position of authorized officer or employee <u>President, COO</u> | | | |
| Telephone number of authorized officer or employee: (<u>716</u>) <u>673</u> - <u>3016</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>150076</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/17</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CHAMPLAIN TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Mark Webster | | | | Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel. co.,l=Champlain NY 12919, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mark Webster</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>518-298-2480</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>150077</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CROWN POINT TEL. CORP.</u> | | | | | |
| Signature of authorized officer or employee Shana Macey | | | | <small>Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel. corp.,l=Crown Point NY 12928, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Shana Macey</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>518-597-3300</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>150085</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DUNKIRK AND FREDONIA TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Wade Weatherlow</u> | | | | <small>Digitally signed by Wade Weatherlow DN:cn=Wade Weatherlow,email=wade.weatherlow@dfel.com,O=du nkirk and fredonia tel. co.,l=Fredonia NY 14063-0209, Date:3/29/2017</small> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Wade Weatherlow</u> | | | | | |
| Title or position of authorized officer or employee: <u>Carrier Relations Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>716-673-3091</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>150091</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GERMANTOWN TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employe Bruce Bohnsack | | | | Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel. co., inc.,l=Germantown NY 12526, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Bruce Bohnsack</u> | | | | | |
| Title or position of authorized officer or employee: <u>President and CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>518-537-4835</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>150097</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HANCOCK TEL. CO.-NY</u> | | | | | |
| Signature of authorized officer or employee Robert Wrighter, Jr | | | | <div style="font-size: small;">Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel. co.-ny,l=Hancock NY 13783, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Robert Wrighter, Jr</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>607-637-9912</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>150099</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ONEIDA COUNTY RURAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Heather Kirkland | | | | <small>Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural tel. co.,l=Holland Patent NY 13354, Date:3/24/2017</small> | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Heather Kirkland</u> | | | | | |
| Title or position of authorized officer or employee: <u>Director of Finance & Accounting</u> | | | | | |
| Telephone number of authorized officer or employee: <u>315-865-5201</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>150111</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ONTARIO TELEPHONE COMPANY, INC.</u> | | | | | |
| Signature of authorized officer or employee Marion Peisher | | | | <div style="font-size: small;">Digitally signed by Marion Peisher DN:cn=Marion Peisher,email=Marionp@ftg.com,O=ontario telephone company, inc.,l=Victor NY 14564, Date:3/24/2017</div> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Marion Peisher</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>585-433-6661</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>150112</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>STATE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Mark Evans | | | | <small>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel. co.,l=Coxsackie NY 12051, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Mark Evans</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>518-731-6128</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>150125</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TRUMANSBURG TELEPHONE COMPANY, INC.</u> | | | | | |
| Signature of authorized officer or employee Marion Peisher | | | | <small>Digitally signed by Marion Peisher DN:cn=Marion Peisher,email=Marionp@ftg.com,O=trumansburg telephone company, inc.,l=Victor NY 14564, Date:3/29/2017</small> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Marion Peisher</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>585-433-6661</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>150131</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
VOLUME 1
OMB Control No. 3060-0972
APPENDIX C
EXHIBIT 4

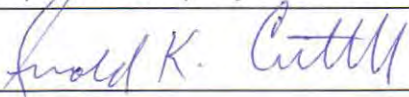
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Alteva of Warwick LLC</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>3/28/2017</u> |
| Printed name of authorized officer or employee <u>Charles E. Richardson</u> | | | |
| Title or position of authorized officer or employee <u>VP and General Counsel</u> | | | |
| Telephone number of authorized officer or employee: (<u>205</u>) <u>978</u> . <u>4411</u> ext. | | | |
| Study Area Code of Reporting Carrier | <u>160135</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

OMB Form 508
OMB Control Number 3045-00972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent National Exchange Carrier Association, Inc. | | | |
| Name of Reporting Carrier Citizens Telephone Company of Kecksburg | | | |
| Signature of authorized officer or employee  | | | Date 03/27/2017 |
| Printed name of authorized officer or employee Arnold K. Cutrell | | | |
| Title or position of authorized officer or employee Treasurer | | | |
| Telephone number of authorized officer or employee: (724) 424 - 4444 , ext. | | | |
| Study Area Code of Reporting Carrier | 170156 | Filing Due Date for this form (mm/dd/yyyy) | 3/31/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HICKORY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Terri Jeffers | | | | <small>Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tj@hky.com,O=hickory tel. co.,l=Hickory PA 15340, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Terri Jeffers</u> | | | | | |
| Title or position of authorized officer or employee: <u>Regulatory Director</u> | | | | | |
| Telephone number of authorized officer or employee: <u>724-356-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>170171</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
VOLUME 1
OMB Control No. 0470-0972
APPENDIX
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|--|---------------|--|------------------|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>Ironton Telephone Company</u> | | | | |
| Signature of authorized officer or employee <u>Patricia L Stewart</u> | | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Patricia L Stewart</u> | | | | |
| Title or position of authorized officer or employee <u>Secretary-Treasurer</u> | | | | |
| Telephone number of authorized officer or employee: (<u>610</u>) <u>799</u> - <u>0225</u> , ext. | | | | |
| Study Area Code of Reporting Carrier | <u>170175</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LACKAWAXEN TELECOMMUNICATIONS SERVICES, INC.</u> | | | | | |
| Signature of authorized officer or employee Deborah Szmyd | | | | <small>Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecommunications services, inc.,l=Rowland PA 18457 Date:3/27/2017</small> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Deborah Szmyd</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary/Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>570-685-1096</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>170177</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ARMSTRONG TEL. CO.-PA</u> | | | | | |
| Signature of authorized officer or employee David Ames | | | | <small>Digitally signed by David Ames DN:cn=David Ames,email=dames@agoc.com,O=armstrong tel. co.-pa,l=Butler PA 16002, Date:3/29/2017</small> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>David Ames</u> | | | | | |
| Title or position of authorized officer or employee: <u>Regulatory Analyst</u> | | | | | |
| Telephone number of authorized officer or employee: <u>724-283-0925</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>170189</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ARMSTRONG TEL. CO. NORTH</u> | | | | | |
| Signature of authorized officer or employee David Ames | | | | <small>Digitally signed by David Ames DN:cn=David Ames,email=dames@agoc.com,O=armstrong tel. co. north,l=Butler PA 16002, Date:3/20/2017</small> Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>David Ames</u> | | | | | |
| Title or position of authorized officer or employee: <u>Regulatory Analyst</u> | | | | | |
| Telephone number of authorized officer or employee: <u>724-283-0925</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>170195</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PALMERTON TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Timothy Hausman | | | | Digitally signed by Timothy Hausman DN: cn=Timothy Hausman, email=THausman@pencor.com, O=palmer-ton telephone company, l=Palmerton PA 18071 Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Timothy Hausman</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>610-826-9433</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>170196</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PENNSYLVANIA TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Mary Davis | | | | Digitally signed by Mary Davis DN:cn=Mary Davis,email=patelco@ovalinternet.net,O=pennsylvania tel. co.,l=Jersey Shore PA 17740-9168, Date:3/22/2017 | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mary Davis</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>570-745-7101</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>170197</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
FCC Form 508
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

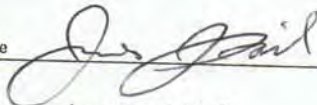
**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support
Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier**

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier South Canaan Telephone Company

Signature of authorized officer or employee



Date

03/21/2017

Printed name of authorized officer or employee

James J Kail

Title or position of authorized officer or employee

President & CEO

Telephone number of authorized officer or employee: (724) 593 - 2411 , ext. 107

Study Area Code of Reporting Carrier

170205

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

3/31/2017

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

Transmittal No. 1519

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>VENUS TEL. CORP.</u> | | | | | |
| Signature of authorized officer or employee Janice Kline | | | | Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel. corp.,l=Venus PA 16364, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Janice Kline</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager and Asst. Sec/Treas.</u> | | | | | |
| Telephone number of authorized officer or employee: <u>814-354-6400</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>170210</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ARMSTRONG TEL. CO. OF MD</u> | | | | | |
| Signature of authorized officer or employee David Ames | | | | <small>Digitally signed by David Ames DN:cn=David Ames,email=dames@agoc.com,O=armstrong tel. co. of md,l=Butler PA 16002, Date:3/20/2017</small> Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>David Ames</u> | | | | | |
| Title or position of authorized officer or employee: <u>Regulatory Analyst</u> | | | | | |
| Telephone number of authorized officer or employee: <u>724-283-0925</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>180216</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|--|----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <small>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</small> | | | |
| Name of Authorized Agent: <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier: <u>Buggs Island Telephone Cooperative</u> | | | |
| Signature of authorized officer or employee: <u>Michele Taylor</u> | | | Date: <u>3-23-17</u> |
| Printed name of authorized officer or employee: <u>Michele Taylor</u> | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>434</u>) <u>636</u> - <u>2274</u> , ext. | | | |
| Study Area Code of Reporting Carrier: <u>190219</u> | | Filing Due Date for this form (mm/dd/yyyy): <u>3/31/2017</u> | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

Certification-Agent

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BURKE'S GARDEN TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Missy Lynch | | | | Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgco.net,O=burke's garden tel. co., inc.,l=Tazewell VA 24651, Date:3/22/2017 | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Missy Lynch</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager/Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>276-472-2345</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>190220</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

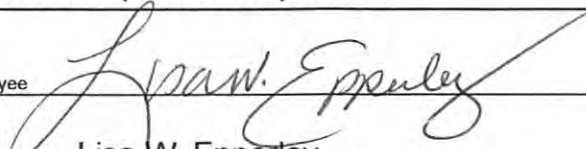
| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NEW HOPE TELEPHONE COOPERATIVE</u> | | | | | |
| Signature of authorized officer or employee <u>Laurie Hensley</u> | | | | Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope telephone cooperative,l=Fort Defiance VA 24469 Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Laurie Hensley</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary-Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>540-363-6277</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>190239</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Pembroke Telephone Cooperative**

Signature of authorized officer or employee



Date

05/10/2017

Printed name of authorized officer or employee

Lisa W. Epperley

Title or position of authorized officer or employee

General Manager

Telephone number of authorized officer or employee: (540) 626 - 7111 , ext.

Study Area Code of Reporting Carrier

190243

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SCOTT COUNTY TEL. COOP. INC.</u> | | | | | |
| Signature of authorized officer or employee Daniel Odom | | | | Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county tel. coop. inc.,l=Gate City VA 24251, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Daniel Odom</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>276-452-7224</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>190248</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SHENANDOAH TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Thomas Reed | | | | <div style="font-size: small;">Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah tel. co.,l=Edinburg VA 22824, Date:3/22/2017</div> | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Thomas Reed</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller of Financial Reporting</u> | | | | | |
| Telephone number of authorized officer or employee: <u>540-984-5295</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>190250</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SHENANDOAH TELEPHONE COMPANY - NR</u> | | | | | |
| Signature of authorized officer or employee Thomas Reed | | | | <small>Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah telephone company - nr,l=Edinburg VA 22824, Date:3/22/2017</small> | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Thomas Reed</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller of Financial Reporting</u> | | | | | |
| Telephone number of authorized officer or employee: <u>540-984-5295</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>197251</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SPRUCE KNOB SENECA ROCKS TEL., INC.</u> | | | | | |
| Signature of authorized officer or employee Vickie Colaw | | | | <div style="font-size: small;">Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca rocks tel., inc.,l=Riverton WV 26814, Date:3/24/2017</div> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Vickie Colaw</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>304-567-2121</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>200257</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HARDY TELECOMMUNICATIONS, INC.</u> | | | | | |
| Signature of authorized officer or employee Scott Sherman | | | | <small>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecommunications, inc.,l=Lost River WV 26810, Date:3/24/2017</small> | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Scott Sherman</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager & CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>304-897-9911</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>200259</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Interstate Common Line Support Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
OMB Control No. 3060-0972
EXHIBIT 4

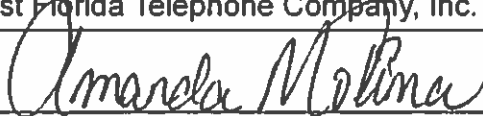
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|---------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Interstate Common Line Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Interstate Common Line Support Mechanism projected annual common line revenue requirement information provided to the authorized agent is accurate.</p> | | | |
| Name of Authorized Agent National Exchange Carrier Association, Inc. | | | |
| Name of Reporting Carrier ITS Telecommunications Systems, Inc. | | | |
| Signature of authorized officer or employee  | | | Date 3/23/17 |
| Printed name of authorized officer or employee Bruce Russell | | | |
| Title or position of authorized officer or employee Chief Financial Officer | | | |
| Telephone number of authorized officer or employee: (772) 597 - 2106 , ext. | | | |
| Study Area Code of Reporting Carrier | 210331 | Filing Due Date for this form (mm/dd/yyyy) | 3/31/2016 |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 050-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent National Exchange Carrier Association, Inc. | | | |
| Name of Reporting Carrier Northeast Florida Telephone Company, Inc. | | | |
| Signature of authorized officer or employee  | | | Date 03/30/2017 |
| Printed name of authorized officer or employee Amanda Molina | | | |
| Title or position of authorized officer or employee Vice President of External Relations | | | |
| Telephone number of authorized officer or employee: (904) 259 - 0029 , ext. | | | |
| Study Area Code of Reporting Carrier 210335 | | Filing Due Date for this form (mm/dd/yyyy) 3/31/2017 | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BRANTLEY TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee <u>Andrea Mathie</u> | | | | <small>Digitally signed by Andrea Mathie DN:cn=Andrea Mathie,email=andrea.mathie@btctelcom.net,O=brantley tel. co., inc.,l=Nahunta GA 31553, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Andrea Mathie</u> | | | | | |
| Title or position of authorized officer or employee: <u>Regulatory Supervisor</u> | | | | | |
| Telephone number of authorized officer or employee: <u>912-462-3126</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>220347</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BULLOCH CNTY. RURAL TEL. COOP., INC.</u> | | | | | |
| Signature of authorized officer or employee John Scott | | | | <div style="font-size: small;">Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc.,l=Statesboro GA 30458, Date:3/28/2017</div> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>John Scott</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/COO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>912-865-1100</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>220348</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DARIEN TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Kenneth Johnson | | | | Digitally signed by Kenneth Johnson DN:cn=Kenneth Johnson,email=kenj@darientel.net,O=darien tel. co., inc.,l=Darien GA 31305, Date:3/23/2017 Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Kenneth Johnson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Regulatory Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>912-437-6615</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>220358</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ELLIJAY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Darrell Harper | | | | <div style="font-size: small;">Digitally signed by Darrell Harper DN:cn=Darrell Harper,email=darrellh@ellijay.com,O=ellijay tel. co.,l=Ellijay GA 30540, Date:3/29/2017</div> | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Darrell Harper</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>706-697-5519</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>220360</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GLENWOOD TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Janice O'Brien</u> | | | | <div style="font-size: small;">Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel. co.,l=Glenwood GA 30428-0235, Date:3/20/2017</div> Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>Janice O'Brien</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>912-523-5111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>220365</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
 OMB Control No. 3080-0972
 VOLUME 1
 APPENDIX C
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|---|---------------|--|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Hart Telephone Company</u> | | | |
| Signature of authorized officer or employee <u>Melissa F. Green</u> | | | Date <u>3-23-2017</u> |
| Printed name of authorized officer or employee <u>Melissa F. Green</u> | | | |
| Title or position of authorized officer or employee <u>Controller</u> | | | |
| Telephone number of authorized officer or employee: <u>(706) 376-4701 ext.</u> | | | |
| Study Area Code of Reporting Carrier | <u>220368</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | |

Certification Agent

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PEMBROKE TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Mary Anna Hite | | | | <small>Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelco.com,O=pembroke tel. co., inc.,l=Pembroke GA 31321, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Mary Anna Hite</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary-Treasurer/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>912-653-4389</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>220376</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
APPENDIX C
FCC Form 508
OMB Control No. 3080-0972

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|--|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Planters Rural Telephone Cooperative</u> | | | |
| Signature of authorized officer or employee  | | Date <u>3/20/2017</u> | |
| Printed name of authorized officer or employee <u>Stephen D. Milner</u> | | | |
| Title or position of authorized officer or employee <u>CEO/General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>912</u>) <u>857</u> - <u>4411</u> , ext. | | | |
| Study Area Code of Reporting Carrier <u>220378</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PROGRESSIVE RURAL TEL. COOP., INC.</u> | | | | | |
| Signature of authorized officer or employee Ron Chambers | | | | <small>Digitally signed by Ron Chambers DN:cn=Ron Chambers,email=ron.chambers@prtc.co,O=progressive rural tel. coop., inc.,l=Rentz GA 31075, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Ron Chambers</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>478-984-4201</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>220380</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|--|--|--|--|---------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>Public Service Telephone Company</u> | | | | |
| Signature of authorized officer or employee  | | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>James L. Bond</u> | | | | |
| Title or position of authorized officer or employee <u>President</u> | | | | |
| Telephone number of authorized officer or employee: (<u>478</u>) <u>847</u> - <u>4111</u> , ext. <u>6520</u> | | | | |
| Study Area Code of Reporting Carrier <u>220381</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>RINGGOLD TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Mike Wallin | | | | <small>Digitally signed by Mike Wallin DN:cn=Mike Wallin,email=mwallin@rtctel.com,O=ringgold tel. co.,l=Ringgold GA 30736, Date:3/29/2017</small> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Mike Wallin</u> | | | | | |
| Title or position of authorized officer or employee: <u>Regulatory Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>706-965-1721</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>220382</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Trenton Telephone Company</u> | | | |
| Signature of authorized officer or employee <u>Steven W. Tatum</u> | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Steven W. Tatum</u> | | | |
| Title or position of authorized officer or employee <u>First Vice President</u> | | | |
| Telephone number of authorized officer or employee: (<u>706</u>) <u>657</u> - <u>4367</u> , ext. _____ | | | |
| Study Area Code of Reporting Carrier | <u>220389</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

Certification-Agent

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WAVERLY HALL TELEPHONE, LLC</u> | | | | | |
| Signature of authorized officer or employee Deborah Rand | | | | <small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, llc,l=Livingston TX 77351, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Deborah Rand</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>603-472-9786</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>220392</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WILKES TEL. & ELECTRIC CO.</u> | | | | | |
| Signature of authorized officer or employee <u>April Dyson</u> | | | | <small>Digitally signed by April Dyson DN:cn=April Dyson,email=aprilwtec@nu-z.net,O=wilkes tel. & electric co.,l=Washington GA 30673, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>April Dyson</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>706-678-9527</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>220394</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ATLANTIC TEL. MEMB. CORP.</u> | | | | | |
| Signature of authorized officer or employee Laura Graff | | | | <small>Digitally signed by Laura Graff DN:cn=Laura Graff,email=lgraff@atmc.com,O=atlantic tel. memb. corp.,l=Shallotte NC 28459, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Laura Graff</u> | | | | | |
| Title or position of authorized officer or employee: <u>Regulatory Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>910-755-1782</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>230468</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BARNARDSVILLE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Eric Cramer | | | | Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=barnardsville tel. co.,l=Wilkesboro NC 28697-2108, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Eric Cramer</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO and General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>336-973-6112</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>230469</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CITIZENS TEL. CO.-NC</u> | | | | | |
| Signature of authorized officer or employee Tara Thomas | | | | <div style="font-size: small;">Digitally signed by Tara Thomas DN:cn=Tara Thomas,email=tara.thomas@comporium.com,O=citizens tel. co.-nc,l=Rock Hill SC 29730, Date:3/28/2017</div> | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Tara Thomas</u> | | | | | |
| Title or position of authorized officer or employee: <u>Associate Regulatory Analyst</u> | | | | | |
| Telephone number of authorized officer or employee: <u>803-326-6501</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>230473</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
FCC Form 508
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent **National Exchange Carrier Association, Inc.**

Name of Reporting Carrier **Ellerbe Telephone Company**

Signature of authorized officer or employee

Jeffrey W. Long

Date

03/28/2017

Printed name of authorized officer or employee

Jeffrey W Long

Title or position of authorized officer or employee

Vice President

Telephone number of authorized officer or employee: (910) 652 - 2221 , ext.

Study Area Code of Reporting Carrier

230478

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control Number 0470-00972
APPENDIX C
EXHIBIT 4

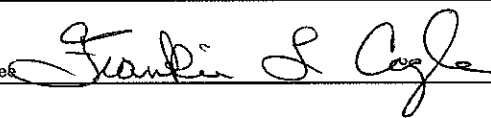
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>North State Telephone Company dba North State Comm</u> | | | |
| Signature of authorized officer or employee <u>Lynn B. Welborn</u> | | | Date <u>03/28/2017</u> |
| Printed name of authorized officer or employee <u>Lynn B. Welborn</u> | | | |
| Title or position of authorized officer or employee <u>Executive Vice President and CAO</u> | | | |
| Telephone number of authorized officer or employee: (<u>336</u>) <u>886</u> - <u>3765</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>230491</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Randolph Telephone Membership Corporation</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/28/2017</u> |
| Printed name of authorized officer or employee <u>Frankie L Cagle</u> | | | |
| Title or position of authorized officer or employee <u>General Manager / CEO</u> | | | |
| Telephone number of authorized officer or employee: (<u>336</u>) <u>879</u> . <u>5684</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>230496</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Surry Telephone</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/28/2017</u> |
| Printed name of authorized officer or employee <u>Amy R. Hanson</u> | | | |
| Title or position of authorized officer or employee <u>Chief Operating Officer</u> | | | |
| Telephone number of authorized officer or employee: (<u>336</u>) <u>374</u> - <u>4517</u> , ext. | | | |
| Study Area Code of Reporting Carrier <u>230497</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | |
| <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. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SALUDA MOUNTAIN TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Eric Cramer | | | | Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=saluda mountain tel. co.,l=Wilkesboro NC 28697-2108, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Eric Cramer</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO and General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>336-973-6112</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>230498</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Service Telephone Company dba RiverStreet Networks**

Signature of authorized officer or employee  Date **05/12/2017**

Printed name of authorized officer or employee **Eric S. Cramer**

Title or position of authorized officer or employee **Chief Executive Officer**

Telephone number of authorized officer or employee: (**336**) **973** - **3103** , ext.

Study Area Code of Reporting Carrier

230500

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SKYLINE TEL. MEMB. CORP.</u> | | | | | |
| Signature of authorized officer or employee Steven Hardin | | | | <small>Digitally signed by Steven Hardin DN:cn=Steven Hardin,email=steven.hardin@skyline.org,O=skyline tel. memb. corp.,l=West Jefferson NC 28694, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Steven Hardin</u> | | | | | |
| Title or position of authorized officer or employee: <u>Regulatory Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>336-877-1350</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>230501</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

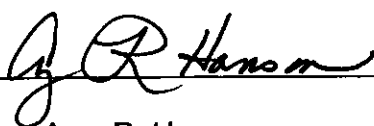
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>STAR TEL. MEMB. CORP.</u> | | | | | |
| Signature of authorized officer or employee Lyman Horne | | | | <small>Digitally signed by Lyman Horne DN:cn=Lyman Horne,email=lmhorne@stmc.net,O=star tel. memb. corp.,l=Clinton NC 28329, Date:3/22/2017</small> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Lyman Horne</u> | | | | | |
| Title or position of authorized officer or employee: <u>EVP & General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>910-564-7827</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>230502</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---|--|---------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Surry Telephone Membership Corp.</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/28/2017</u> |
| Printed name of authorized officer or employee <u>Amy R. Hanson</u> | | | |
| Title or position of authorized officer or employee <u>Chief Operating Officer</u> | | | |
| Telephone number of authorized officer or employee: (<u>336</u>) <u>374</u> - <u>4517</u> , ext. _____ | | | |
| Study Area Code of Reporting Carrier <u>230503</u> | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TRI-COUNTY TEL. MEMB. CORP.-NC</u> | | | | | |
| Signature of authorized officer or employee Melinda Jackson | | | | <div style="font-size: small;">Digitally signed by Melinda Jackson DN:cn=Melinda Jackson,email=melindajackson@gotricounty.com,O=tri-county tel. memb. corp.-nc,l=Bellhaven NC 27810, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Melinda Jackson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Commercial Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>252-964-8025</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>230505</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WILKES TEL. MEMB. CORP.</u> | | | | | |
| Signature of authorized officer or employee Eric Cramer | | | | Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes tel. memb. corp.,l=Wilkesboro NC 28697-2108, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Eric Cramer</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO and General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>336-973-6112</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>230510</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>YADKIN VALLEY TEL. MEMB. CORP.</u> | | | | | |
| Signature of authorized officer or employee Kathy Groce | | | | <small>Digitally signed by Kathy Groce DN:cn=Kathy Groce,email=Kathy.groce@yadtel.com,O=yadkin valley tel. memb. corp.,l=Yadkinville NC 27055, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Kathy Groce</u> | | | | | |
| Title or position of authorized officer or employee: <u>Carrier Access Billing & Regulatory Sup.</u> | | | | | |
| Telephone number of authorized officer or employee: <u>336-463-1841</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>230511</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BLUFFTON TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employe Trey Judy | | | | <div style="font-size: small;">Digitally signed by Trey Judy DN:cn=Trey Judy,email=trey.judy@htc.hargray.com,O=bluffton tel. co., inc.,l=Hilton Head SC 29928, Date:3/27/2017</div> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Trey Judy</u> | | | | | |
| Title or position of authorized officer or employee: <u>Director Regulatory & Carrier Relation</u> | | | | | |
| Telephone number of authorized officer or employee: <u>843-686-1210</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>240512</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CHESNEE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Annette Williams | | | | <small>Digitally signed by Annette Williams DN:cn=Annette Williams,email=annetew@chesnet.net,O=chesnee tel. co.,l=Chesnee SC 29323-0430, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Annette Williams</u> | | | | | |
| Title or position of authorized officer or employee: <u>Regulatory Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>864-461-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>240515</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CHESTER TEL. CO.-SC</u> | | | | | |
| Signature of authorized officer or employee <u>Autumn Castles</u> | | | | <small>Digitally signed by Autumn Castles DN:cn=Autumn Castles,email=acastles@truvista.biz,O=chester tel. co.-sc,l=Chester SC 29706, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Autumn Castles</u> | | | | | |
| Title or position of authorized officer or employee: <u>Access Services Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>803-581-9148</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>240516</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FARMERS TEL. COOP., INC-SC</u> | | | | | |
| Signature of authorized officer or employee Sandra Moore | | | | <small>Digitally signed by Sandra Moore DN:cn=Sandra Moore,email=moores@mail.ftc.org,O=farmers tel. coop., inc-sc,l=Kingstree SC 29556, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Sandra Moore</u> | | | | | |
| Title or position of authorized officer or employee: | | | | | |
| Telephone number of authorized officer or employee: <u>843-382-1313</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>240520</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FORT MILL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Tara Thomas | | | | <div style="font-size: small;">Digitally signed by Tara Thomas DN:cn=Tara Thomas,email=tara.thomas@comporium.com,O=fort mill tel. co.,l=Rock Hill SC 29730, Date:3/28/2017</div> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Tara Thomas</u> | | | | | |
| Title or position of authorized officer or employee: <u>Associate Regulatory Analyst</u> | | | | | |
| Telephone number of authorized officer or employee: <u>803-326-6501</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>240521</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HARGRAY TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Trey Judy | | | | <small>Digitally signed by Trey Judy DN:cn=Trey Judy,email=trey.judy@htc.hargray.com,O=hargray tel. co., inc.,l=Hilton Head SC 29928, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Trey Judy</u> | | | | | |
| Title or position of authorized officer or employee: <u>Director Regulatory & Carrier Relation</u> | | | | | |
| Telephone number of authorized officer or employee: <u>843-686-1210</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>240523</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
VOLUME 1
OMB Control No. 3060-0972
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent National Exchange Carrier Association, Inc. | | | |
| Name of Reporting Carrier Horry Telephone Cooperative, Inc. | | | |
| Signature of authorized officer or employee  | | | Date 03/28/2017 |
| Printed name of authorized officer or employee Sherri J. Abernathy | | | |
| Title or position of authorized officer or employee Director- Corporate Accounting | | | |
| Telephone number of authorized officer or employee: (843) 369 - 8386 , ext. | | | |
| Study Area Code of Reporting Carrier | 240528 | Filing Due Date for this form (mm/dd/yyyy) | 3/31/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LANCASTER TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Tara Thomas | | | | <div style="font-size: small;">Digitally signed by Tara Thomas DN:cn=Tara Thomas,email=tara.thomas@comporium.com,O=lancaster tel. co.,l=Rock Hill SC 29730, Date:3/28/2017</div> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Tara Thomas</u> | | | | | |
| Title or position of authorized officer or employee: <u>Associate Regulatory Analyst</u> | | | | | |
| Telephone number of authorized officer or employee: <u>803-326-6501</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>240531</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LOCKHART TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee <u>Autumn Castles</u> | | | | Digitally signed by Autumn Castles DN:cn=Autumn Castles,email=acastles@truvista.biz,O=lockhart tel. co., inc.,l=Chester SC 29706, Date:3/24/2017 Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Autumn Castles</u> | | | | | |
| Title or position of authorized officer or employee: <u>Access Services Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>803-581-9148</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>240532</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

| | | | | |
|--|----------------------|---|-------------------------------|--|
| <p align="center">Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA</p> <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.</p> | | | | |
| <p>Name of Reporting Carrier Palmetto Rural Telephone Cooperative, Inc.</p> | | | | |
| <p>Signature of authorized officer or employee <i>Valerie Ancrum</i></p> | | | <p>Date 05/12/2017</p> | |
| <p>Printed name of authorized officer or employee Valerie Ancrum</p> | | | | |
| <p>Title or position of authorized officer or employee Regulatory Affairs Manager</p> | | | | |
| <p>Telephone number of authorized officer or employee: (843) 538 - 9383 , ext.</p> | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>240536</p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>June 2017</p> | |
| <p>Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
OMB Control No. 3080-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Piedmont Rural Telephone Cooperative, Inc.</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/23/2017</u> |
| Printed name of authorized officer or employee <u>Kara E. Horner</u> | | | |
| Title or position of authorized officer or employee <u>Director of Finance</u> | | | |
| Telephone number of authorized officer or employee: (<u>864</u>) <u>682</u> - <u>3131</u> , ext. <u>3718</u> | | | |
| Study Area Code of Reporting Carrier | <u>240538</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PBT TELECOM, INC.</u> | | | | | |
| Signature of authorized officer or employee Tara Thomas | | | | Digitally signed by Tara Thomas DN:cn=Tara Thomas,email=tara.thomas@comporium.com,O=pbt telecom, inc.,l=Rock Hill SC 29730, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Tara Thomas</u> | | | | | |
| Title or position of authorized officer or employee: <u>Associate Regulatory Analyst</u> | | | | | |
| Telephone number of authorized officer or employee: <u>803-326-6501</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>240539</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>RIDGEWAY TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Autumn Castles | | | | <small>Digitally signed by Autumn Castles DN:cn=Autumn Castles,email=acastles@truvista.biz,O=ridgeway tel. co., inc.,l=Chester SC 29706, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Autumn Castles</u> | | | | | |
| Title or position of authorized officer or employee: <u>Access Services Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>803-581-9148</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>240541</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>COMPORIUM, INC.</u> | | | | | |
| Signature of authorized officer or employee Tara Thomas | | | | Digitally signed by Tara Thomas DN:cn=Tara Thomas,email=tara.thomas@comporium.com,O=comporium, inc.,l=Rock Hill SC 29730, Date:3/28/2017 | |
| Printed name of authorized officer or employee: <u>Tara Thomas</u> | | | | Date: <u>3/28/2017</u> | |
| Title or position of authorized officer or employee: <u>Associate Regulatory Analyst</u> | | | | | |
| Telephone number of authorized officer or employee: <u>803-326-6501</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>240542</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

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

Signature of authorized officer or employee *Allen Mills* Date **05/12/2017**

Printed name of authorized officer or employee **Allen Mills**

Title or position of authorized officer or employee **CABS Coordinator**

Telephone number of authorized officer or employee: (**843**) **658** - **6848** , ext.

| | | | |
|--------------------------------------|---------------|--|------------------|
| Study Area Code of Reporting Carrier | 240546 | Filing Due Date for this form (mm/dd/yyyy) | June 2017 |
|--------------------------------------|---------------|--|------------------|

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 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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VOLUME 1APPENDIX C
FCC Form 508
EXHIBIT 1
OMB Control No. 3060-0972

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|---|---|--|---------------------|
| <p align="center">Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Castleberry Telephone Co., Inc.</u> | | | |
| Signature of authorized officer or employee <u>Homer Holland</u> | | | Date <u>3-27-17</u> |
| Printed name of authorized officer or employee <u>Homer Holland</u> | | | |
| Title or position of authorized officer or employee <u>Sec / Trans</u> | | | |
| Telephone number of authorized officer or employee: <u>(251) 966-2115</u> , ext. <u> </u> | | | |
| Study Area Code of Reporting Carrier <u>250285</u> | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Farmers Telecommunications Cooperative, Inc.

Signature of authorized officer or employee

Tyler Pair

Date

03/24/2016

Printed name of authorized officer or employee

Tyler Pair

Title or position of authorized officer or employee

Chief Financial Officer

Telephone number of authorized officer or employee: (256) 638 - 2144 , ext.

Study Area Code of Reporting Carrier

250290

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HAYNEVILLE TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Evelyn Causey | | | | <small>Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel. co., inc.,l=Hayneville AL 36040, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Evelyn Causey</u> | | | | | |
| Title or position of authorized officer or employee: <u>President/COO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>334-548-2101</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>250299</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MON-CRE TEL. COOP. INC.</u> | | | | | |
| Signature of authorized officer or employee Teresa Rich | | | | <div style="font-size: small;">Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel. coop. inc.,l=Ramer AL 36069, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Teresa Rich</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>334-562-3242</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>250305</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MOUNDVILLE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee R. Taylor | | | | <small>Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel. co.,l=Moundville AL 35474, Date:3/20/2017</small> Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>R. Taylor</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>205-371-9011</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>250307</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier New Hope Telephone Cooperative, Inc.

Signature of authorized officer or employee

James D. Cook

Date

3/20/17

Printed name of authorized officer or employee

James D. Cook

Title or position of authorized officer or employee

General Manager

Telephone number of authorized officer or employee: (256) 723 - 4211 , ext.

Study Area Code of Reporting Carrier

250308

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PINE BELT TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>John Nettles</u> | | | | Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel. co.,l=Arlington AL 36722, Date:3/22/2017 Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>John Nettles</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>334-385-2106</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>250315</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>RAGLAND TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Stephanie Jackson | | | | <div style="font-size: small;"> Digitally signed by Stephanie Jackson DN: cn=Stephanie Jackson, email=stephaniejackson@ragland.net, O=ragl and tel. co. l=Ragland AL 35131 Date: 3/27/2017 </div> | |
| Printed name of authorized officer or employee: <u>Stephanie Jackson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>205-472-2141</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>250316</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>UNION SPRINGS TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Ray Wasden | | | | <div style="font-size: small;">Digitally signed by Ray Wasden DN:cn=Ray Wasden,email=rwasden@ustconline.net,O=union springs tel. co.,l=Union Springs AL 36089, Date:3/28/2017</div> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Ray Wasden</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>334-738-4400</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>250322</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BALLARD RURAL TEL. COOP. CORP., INC.</u> | | | | | |
| Signature of authorized officer or employee Stephen Jones II | | | | <small>Digitally signed by Stephen Jones II DN:cn=Stephen Jones II,email=stephen.jones@btc.coop,O=ballard rural tel. coop. corp., inc.,l=La Center KY 42056-0209, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Stephen Jones II</u> | | | | | |
| Title or position of authorized officer or employee: <u>Information Technology Network Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>270-665-5186</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>260396</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1 508
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF.

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier BRANDENBURG TELEPHONE COMPANY, INC.

Signature of authorized officer or employee

Randall Bradley

Date

03/22/2017

Printed name of authorized officer or employee

RANDALL BRADLEY

Title or position of authorized officer or employee

CONTROLLER

Telephone number of authorized officer or employee: (270) 422 - 2121 , ext.

Study Area Code of Reporting Carrier

260398

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DUO COUNTY TEL. COOP., INC.</u> | | | | | |
| Signature of authorized officer or employee Daryl Hammond | | | | Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel. coop., inc.,l=Jamestown KY 42629, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Daryl Hammond</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>270-343-3131</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>260401</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FOOTHILLS RURAL TEL. COOP. CORP., INC.</u> | | | | | |
| Signature of authorized officer or employee Ruth Conley | | | | <div style="font-size: small;">Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural tel. coop. corp., inc.,l=Staffordsville KY 41256, Date:3/24/2017</div> | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Ruth Conley</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Executive Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>606-297-9131</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>260406</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 64.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Gearheart Communications dba Coalfields Telephone Company

Signature of authorized officer or employee

Paul D. Gearheart

Date 3/28/17

Printed name of authorized officer or employee

Paul D. Gearheart

Title or position of authorized officer or employee

President

Telephone number of authorized officer or employee: (606) 479 - 6254 . ext.

Study Area Code of Reporting Carrier

260408

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

3/31/17

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. §§ 802, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LOGAN TEL. COOP., INC.</u> | | | | | |
| Signature of authorized officer or employee Gregory Hale | | | | <small>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop., inc.,l=Auburn KY 42206-0097, Date:3/22/2017</small> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Gregory Hale</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/Executive V.P.</u> | | | | | |
| Telephone number of authorized officer or employee: <u>270-542-4121</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>260413</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Mountain Rural Telephone Coop. Corp., Inc.**

Signature of authorized officer or employee

Shayne Ison

Date

05/11/2017

Printed name of authorized officer or employee

Shayne Ison

Title or position of authorized officer or employee

General Manager

Telephone number of authorized officer or employee: (606) 743 - 3121 , ext.

Study Area Code of Reporting Carrier

260414

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PEOPLES RURAL TEL. COOP. CORP.</u> | | | | | |
| Signature of authorized officer or employee Jodi Gabbard | | | | <div style="font-size: small;">Digitally signed by Jodi Gabbard DN:cn=Jodi Gabbard,email=jodi.gabbard@prtc.org,O=peoples rural tel. coop. corp.,l=McKee KY 40447, Date:3/27/2017</div> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Jodi Gabbard</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Assistant/CABS Coord</u> | | | | | |
| Telephone number of authorized officer or employee: <u>606-287-5405</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>260415</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SOUTH CENTRAL RURAL TEL. COOP. CORP., INC.</u> | | | | | |
| Signature of authorized officer or employee Chris Lawrence | | | | <small>Digitally signed by Chris Lawrence DN:cn=Chris Lawrence,email=chris.lawrence@scrtc.net,O=south central rural tel. coop. corp., inc.,l=Glasgow KY 42141 Date:3/21/2017</small> | |
| Date: <u>3/21/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Chris Lawrence</u> | | | | | |
| Title or position of authorized officer or employee: <u>Business Director</u> | | | | | |
| Telephone number of authorized officer or employee: <u>270-678-8230</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>260418</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>THACKER/GRIGSBY TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee William Grigsby | | | | <small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel. co., inc.,l=Hindman KY 41822, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>William Grigsby</u> | | | | | |
| Title or position of authorized officer or employee: <u>President/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>606-785-9500</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>260419</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WEST KY. RURAL TEL. COOP. CORP., INC.</u> | | | | | |
| Signature of authorized officer or employee Karen Jackson-Furman | | | | Digitally signed by Karen Jackson-Furman DN: cn=Karen Jackson-Furman, email=kfurman.wk@wk.net, O=west kv rural tel coop corp inc, l=Mayfield KY 42066 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Karen Jackson-Furman</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>270-856-9988</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>260421</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CAMERON TEL. CO.-LA</u> | | | | | |
| Signature of authorized officer or employee Bruce Petry | | | | <small>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel. co.-la,serial=Sulphur LA 70665, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Bruce Petry</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>337-583-2092</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>270425</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control Number 3060-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier

De/cambre Telephone Co. LLC

Signature of authorized officer or employee

Matt LeBlanc

Date

3-30-17

Printed name of authorized officer or employee

MATT LeBlanc

Title or position of authorized officer or employee

President

Telephone number of authorized officer or employee: (337) 685-2311, ext.

Study Area Code of Reporting Carrier

270428

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|---|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>EAST ASCENSION TELEPHONE COMPANY, LLC</u> | | | | | |
| Signature of authorized officer or employee Liz Cook | | | | Digitally signed by Liz Cook DN:cn=Liz Cook,email=liz@eatel.com,O=east ascension telephone company, llc,l=Gonzales LA 70737, Date:3/29/2017 | |
| | | | | Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Liz Cook</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>225-621-4280</u> | | | | | |
| Study Area Code of Reporting Carrier | | <u>270429</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ELIZABETH TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Bruce Petry | | | | <small>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel. co., inc.,l=Sulphur LA 70665, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Bruce Petry</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>337-583-2092</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>270430</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KAPLAN TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Richard Constantin | | | | <small>Digitally signed by Richard Constantin DN: cn=Richard Constantin, email=rconstantin@ktcpa.com, O=kaplan tel. co. l=Kaplan LA 70548-0369, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Richard Constantin</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller/Regulatory Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>337-643-7171</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>270432</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LAFOURCHE TELEPHONE COMPANY, L.L.C.</u> | | | | | |
| Signature of authorized officer or employee Liz Cook | | | | Digitally signed by Liz Cook DN:cn=Liz Cook,email=liz@eatel.com,O=lafourche telephone company, I.I.c.,l=Gonzales LA 70737, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Liz Cook</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>225-621-4280</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>270433</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Northeast Louisiana Telephone Co., Inc.**

Signature of authorized officer or employee

W. Michael George

Date

05/12/2017

Printed name of authorized officer or employee

W. Michael George

Title or position of authorized officer or employee

President/CEO

Telephone number of authorized officer or employee: (318) 874 - 7011 , ext. 124

Study Area Code of Reporting Carrier

270435

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>RESERVE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Annette Faircloth | | | | Digitally signed by Annette Faircloth DN:cn=Annette Faircloth,email=afaircloth@reservetele.com,O=reserve tel. co.,l=Reserve LA 70084, Date:3/22/2017 | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Annette Faircloth</u> | | | | | |
| Title or position of authorized officer or employee: <u>V.P of Finance</u> | | | | | |
| Telephone number of authorized officer or employee: <u>985-536-1271</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>270438</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 0725-00972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Star Telephone Company, Inc.</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Rebecca A. Knighten</u> | | | |
| Title or position of authorized officer or employee <u>Controller</u> | | | |
| Telephone number of authorized officer or employee: (<u>225</u>) <u>926</u> - <u>0191</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>270441</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DECATUR TEL. CO., INC.-MS</u> | | | | | |
| Signature of authorized officer or employee Esther Smith, PhD | | | | <div style="font-size: small;">Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel. co. inc.-ms,l=Decatur MS 39327 Date:3/20/2017</div> | |
| Date: <u>3/20/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Esther Smith, PhD</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>601-635-2251</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>280451</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LAKESIDE TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee <u>Lisa Sledge</u> | | | | Digitally signed by Lisa Sledge DN:cn=Lisa Sledge,email=accountspayable@deltaland.net,O=lake side tel. co., inc.,l=Sunflower MS 38778, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Lisa Sledge</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>662-569-3311</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>280457</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
APPENDIX
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Noxapater Telephone Company</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/23/2017</u> |
| Printed name of authorized officer or employee <u>Charlotte Pearce</u> | | | |
| Title or position of authorized officer or employee <u>Vice-President</u> | | | |
| Telephone number of authorized officer or employee: (<u>601</u>) <u>764</u> - <u>3171</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>280461</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SLEDGE TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee <u>Lisa Sledge</u> | | | | Digitally signed by Lisa Sledge DN:cn=Lisa Sledge,email=accountspayable@deltaland.net,O=sledge tel. co., inc.,l=Sunflower MS 38778, Date:3/20/2017 | |
| Date: <u>3/20/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Lisa Sledge</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>662-569-3311</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>280466</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ARDMORE TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Karen Jackson-Furman | | | | Digitally signed by Karen Jackson-Furman DN: cn=Karen Jackson-Furman, email=kfurman.wk@wk.net, O=ardmore tel. co., inc. l=Mayfield KY 42066 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Karen Jackson-Furman</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>270-856-9988</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>290280</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
FCC Form 508
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Ben Lomand Rural Telephone Cooperative, Inc.</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>3/21/2017</u> |
| Printed name of authorized officer or employee <u>Lisa Cope</u> | | | |
| Title or position of authorized officer or employee <u>General Manager / CEO</u> | | | |
| Telephone number of authorized officer or employee: (<u>931</u>) <u>668</u> - <u>4131</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>290553</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BLED SOE TEL. COOP.</u> | | | | | |
| Signature of authorized officer or employee Robbin Rothwell | | | | <small>Digitally signed by Robbin Rothwell DN:cn=Robbin Rothwell,email=rothwellr@bledsoe.net,O=bledsoe tel. coop.,l=Pikeville TN 37367-0609, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Robbin Rothwell</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>423-447-2121</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>290554</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
VOLUME 1
OMB Control No. 0470-00972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent National Exchange Carrier Association, Inc. | | | |
| Name of Reporting Carrier Highland Telephone Cooperative, Inc. | | | |
| Signature of authorized officer or employee  | | | Date 03/27/2017 |
| Printed name of authorized officer or employee David C. Crawford | | | |
| Title or position of authorized officer or employee Access Service Manager | | | |
| Telephone number of authorized officer or employee: (423) 628 - 2750 , ext. 280 | | | |
| Study Area Code of Reporting Carrier 290565 | | Filing Due Date for this form (mm/dd/yyyy) 3/31/2017 | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
 FCC Form 508
 APPENDIX C
 OMB Control No. 3060-0972
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|---|---|------------|----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Loretto Telephone Company, Inc.</u> | | | |
| Signature of authorized officer or employee <u>Desda K. Hutchins</u> | | | Date <u>03/27/17</u> |
| Printed name of authorized officer or employee <u>Desda K. Hutchins</u> | | | |
| Title or position of authorized officer or employee <u>PRES. & CEO</u> | | | |
| Telephone number of authorized officer or employee: <u>(931) 863-4351, ext.</u> | | | |
| Study Area Code of Reporting Carrier <u>290570</u> | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | [Redacted] | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

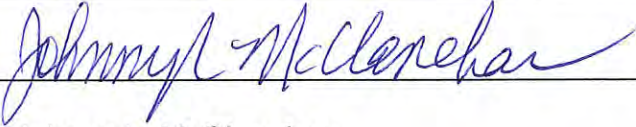
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MILLINGTON TEL. CO., INC. DBA RITTER COMM.</u> | | | | | |
| Signature of authorized officer or employee John Strode | | | | Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=millington tel. co., inc. dba ritter comm.,l=Jonesboro AR 72401 Date:3/25/2017 | |
| Date: <u>3/25/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>John Strode</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>870-336-2345</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>290571</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **North Central Telephone Cooperative, Inc.**

Signature of authorized officer or employee  Date **05/19/2017**

Printed name of authorized officer or employee **Johnny L. McClanahan**

Title or position of authorized officer or employee **VP Finance and Administrative Services**

Telephone number of authorized officer or employee: (615) 666 - 2151 , ext. 419

| | | | |
|--------------------------------------|---------------|--|------------------|
| Study Area Code of Reporting Carrier | 290573 | Filing Due Date for this form (mm/dd/yyyy) | June 2017 |
|--------------------------------------|---------------|--|------------------|

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TWIN LAKES TEL. COOP. CORP.</u> | | | | | |
| Signature of authorized officer or employee Bridget Betcher | | | | Digitally signed by Bridget Betcher DN:cn=Bridget Betcher,email=bbetcher@twilakes.coop,O=twin lakes tel. coop. corp., Date:3/28/2017 | Date: <u>3/28/2017</u> |
| Printed name of authorized officer or employee: <u>Bridget Betcher</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>931-268-2151</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>290579</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>UNITED TEL. CO.-TN DBA UNITED COMMUNICATIONS</u> | | | | | |
| Signature of authorized officer or employee Tommy Welch | | | | <small>Digitally signed by Tommy Welch DN:cn=Tommy Welch,email=twelch@utcoffice.net,O=united tel. co.-tn dba united communications,l=Chapel Hill TN 37034 Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Tommy Welch</u> | | | | | |
| Title or position of authorized officer or employee: <u>Director of Finance and Administration</u> | | | | | |
| Telephone number of authorized officer or employee: <u>931-364-4324</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>290581</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WEST KENTUCKY RURAL TELEPHONE COOP. CORP.-TN</u> | | | | | |
| Signature of authorized officer or employee Karen Jackson-Furman | | | | Digitally signed by Karen Jackson-Furman DN: cn=Karen Jackson-Furman, email=kfurman.wk@wk.net, O=west kentucky rural telephone coop. corp.-tn l=Mavfield Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Karen Jackson-Furman</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>270-856-9988</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>290598</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>THE ARTHUR MUTUAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Eric Roughton | | | | Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual tel. co.,l=Defiance OH 43512, Date:3/23/2017 Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Eric Roughton</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/Sec'y/Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>419-393-2233</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300586</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>AYERSVILLE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Tami Pontious | | | | Digitally signed by Tami Pontious DN:cn=Tami Pontious,email=tpontious@team-meta.net,O=ayersville tel. co.,l=Defiance OH 43512, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Tami Pontious</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>419-395-2222</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300588</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BASCOM MUTUAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Laura Wise</u> | | | | <small>Digitally signed by Laura Wise DN:cn=Laura Wise,email=law@bascomtelephone.com,O=bascom mutual tel. co.,l=Bascom OH 44809-0316, Date:3/21/2017</small> Date: <u>3/21/2017</u> | |
| Printed name of authorized officer or employee: <u>Laura Wise</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accountant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>419-937-2222</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300589</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BENTON RIDGE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Martin Ellerbrock | | | | <small>Digitally signed by Martin Ellerbrock DN:cn=Martin Ellerbrock,email=martin@watchtv.net,O=benton ridge tel. co.,l=Lima OH 45801-3255, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Martin Ellerbrock</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager & Corporate Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>419-859-2245</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300590</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Buckland Telephone Company</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Douglas G. Place</u> | | | |
| Title or position of authorized officer or employee <u>General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>419</u>) <u>657</u> - <u>2222</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>300591</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>THE CHAMPAIGN TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Tiffany Ebersold | | | | <div style="font-size: small;">Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co.,l=Urbana OH 43078, Date:3/23/2017</div> | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Tiffany Ebersold</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>937-653-2263</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300594</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MCCLURE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Lance Miller | | | | Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel. co.,l=McClure OH 43534-0026, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Lance Miller</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>419-748-8032</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300598</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CONNEAUT TEL. CO.</u> | | | | | |
| Signature of authorized officer or employe Deanna Brown | | | | <div style="font-size: small;">Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel. co.,l=Conneaut OH 44030, Date:3/27/2017</div> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Deanna Brown</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>440-593-7138</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300606</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DOYLESTOWN TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Thomas Brockman | | | | Digitally signed by Thomas Brockman DN: cn=Thomas Brockman, email=tbrockman@doylestowntelephone.com, O=doylestown tel. co., L=Doylestown OH 44230 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Thomas Brockman</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>330-658-2121</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300609</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>THE FARMERS MUTUAL TEL. CO.-OKOLONA, OH</u> | | | | | |
| Signature of authorized officer or employee <u>Cheryl Bostelman</u> | | | | <small>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=the farmers mutual tel. co.-okolona, oh,l=Okolona OH 43545 Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Cheryl Bostelman</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>419-758-3303</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300612</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FORT JENNINGS TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Michael Metzger | | | | <small>Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel. co.,l=Ft. Jennings OH 45844-0146, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Michael Metzger</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>419-286-2181</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300614</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|---|------------------------|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GLANDORF TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee | | | David Hunt <small>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel. co., inc.,l=Glandorf OH 45848, Date:3/20/2017</small> | Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>David Hunt</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>419-538-6987</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300619</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KALIDA TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Chris Phillips | | | | Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel. co., inc.,l=Kalida OH 45853, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Chris Phillips</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>419-532-3218</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300625</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MINFORD TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Paula McGraw | | | | <div style="font-size: small;">Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel. co., inc.,l=Minford OH 45653, Date:3/23/2017</div> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Paula McGraw</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>740-820-2151</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300634</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

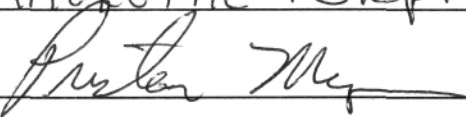
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|---|--|------------------------|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>THE NEW KNOXVILLE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employe | | <u>Susan Quellhorst</u> <small>Digitally signed by Susan Quellhorst DN:cn=Susan Quellhorst,email=susieq@nktelco.net,O=the new knoxville tel. co.,l=New Knoxville OH 45871-0219, Date:3/23/2017</small> | | Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Susan Quellhorst</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>419-753-2457</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300639</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

| | | | | | |
|--|--|--------|--|--|--|
| Name of Reporting Carrier | | | | New Knoxville Telephone | |
| Signature of authorized officer or employee | | |  | | |
| Date | | | 7/9/17 | | |
| Printed name of authorized officer or employee | | | | | |
| Preston Meyer | | | | | |
| Title or position of authorized officer or employee | | | | | |
| Assistant Secy/Treas. | | | | | |
| Telephone number of authorized officer or employee: 419,753 2457, ext. — | | | | | |
| Study Area Code of Reporting Carrier | | 300639 | | Filing Due Date for this form (mm/dd/yyyy) | |
| | | | | July 2017 | |

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

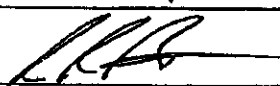
VOL 3016 Form 508
OMB Control No. 3060-0972
APPENDIX 3
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>The Ottoville Mutual Telephone Company</u> | | | |
| Signature of authorized officer or employee <u>William J. Honigford</u> | | | Date <u>03/21/2017</u> |
| Printed name of authorized officer or employee <u>William J Honigford</u> | | | |
| Title or position of authorized officer or employee <u>General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>419</u>) <u>453</u> - <u>3324</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>300650</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | |
|--|---|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.803 (a)(3)(4).</p> | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | |
| Name of Reporting Carrier <u>Sherwood Mutual Telephone Association, Inc.</u> | |
| Signature of authorized officer or employee  | Date <u>3-28-17</u> |
| Printed name of authorized officer or employee <u>Rick Rostorfer</u> | |
| Title or position of authorized officer or employee <u>General Manager</u> | |
| Telephone number of authorized officer or employee: <u>(419) 899 - 2121</u> , ext. | |
| Study Area Code of Reporting Carrier <u>300656</u> | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/17</u> |
| <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. §§ 802, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | |

Certification Agent

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>VAUGHNSVILLE TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Martha Kaplan | | | | <div style="font-size: small;">Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel. co., inc.,l=Vaughnsville OH 45893-0127, Date:3/20/2017</div> | |
| Date: <u>3/20/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Martha Kaplan</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager/Secretary/Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>419-646-3431</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300663</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WABASH MUTUAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Julie Marchal | | | | <small>Digitally signed by Julie Marchal DN:cn=Julie Marchal,email=juliem@wabash.com,O=wabash mutual tel. co.,l=Celina OH 45822, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Julie Marchal</u> | | | | | |
| Title or position of authorized officer or employee: <u>Board Officer-Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>419-942-1111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>300664</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALLBAND COMMUNICATIONS COOPERATIVE</u> | | | | | |
| Signature of authorized officer or employee <u>Ron Siegel</u> | | | | Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband communications cooperative,l=Curran MI 48728-9780, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Ron Siegel</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>989-369-9999</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310542</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ACE TEL. CO. OF MI, INC. (ALLENDALE)</u> | | | | | |
| Signature of authorized officer or employee Cynthia Sweet | | | | <div style="font-size: small;">Digitally signed by Cynthia Sweet DN:cn=Cynthia Sweet,email=csweet@acecomgroup.com,O=ace tel. co. of mi, inc. (allendale),l=Houston MN 55943-0360, Date:3/23/2017</div> | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Cynthia Sweet</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-896-6211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310669</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BARAGA TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Mike Froberg | | | | Digitally signed by Mike Froberg DN:cn=Mike Froberg,email=mikef@up.net,O=baraga telephone company,l=Baraga MI 49908, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Mike Froberg</u> | | | | | |
| Title or position of authorized officer or employee: <u>Access Coordinator</u> | | | | | |
| Telephone number of authorized officer or employee: <u>906-353-6644</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310675</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BARRY COUNTY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee David Stoll | | | | Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel. co.,l=Delton MI 49046, D Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>David Stoll</u> | | | | | |
| Title or position of authorized officer or employee: <u>GM/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>269-623-9971</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310676</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BLANCHARD TELEPHONE CO.</u> | | | | | |
| Signature of authorized officer or employee Betsy Ashbaugh | | | | <div style="font-size: small;">Digitally signed by Betsy Ashbaugh DN:cn=Betsy Ashbaugh,email=bashbaugh@blanchardtel.com,O=blanchard telephone co.,l=Blanchard MI 49310, Date:3/21/2017</div> | |
| Printed name of authorized officer or employee: <u>Betsy Ashbaugh</u> | | | | | |
| Title or position of authorized officer or employee: <u>VP/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>989-561-9932</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310678</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BLOOMINGDALE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Steve Shults | | | | <div style="font-size: small;">Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel. co.,l=Bloomington MI 49026, Date:3/28/2017</div> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Steve Shults</u> | | | | | |
| Title or position of authorized officer or employee: <u>Assistant Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>269-521-7313</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310679</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CLIMAX TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Stacey Hamlin | | | | Digitally signed by Stacey Hamlin DN:cn=Stacey Hamlin,email=shamlin@ctstelecom.com,O=climax tel. co.,l=Galesburg MI 49053, Date:3/29/2017 | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Stacey Hamlin</u> | | | | | |
| Title or position of authorized officer or employee: <u>President and Ceo</u> | | | | | |
| Telephone number of authorized officer or employee: <u>269-746-4411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310688</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DEERFIELD FARMERS TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Victoria Stevens | | | | Digitally signed by Victoria Stevens DN:cn=Victoria Stevens,email=Victoria.stevens@d-pcomm.com,O=d eerfield farmers tel. co.,l=Petersburg MI 49270, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Victoria Stevens</u> | | | | | |
| Title or position of authorized officer or employee: | | | | | |
| Telephone number of authorized officer or employee: <u>734-279-5535</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310691</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ACE TEL. CO. OF MI, INC. (DRENTHE)</u> | | | | | |
| Signature of authorized officer or employee Cynthia Sweet | | | | Digitally signed by Cynthia Sweet DN:cn=Cynthia Sweet,email=csweet@acecomgroup.com,O=ace tel. co. of mi, inc. (drenthe),l=Houston MN 55943-0360, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Cynthia Sweet</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-896-6211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310692</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

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 FCC Form 508
 OMB Control No. 3060-0972

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|---|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Chapin Telephone Company</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Greg Ringle</u> | | | |
| Title or position of authorized officer or employee <u>Manager</u> | | | |
| Telephone number of authorized officer or employee (<u>989</u>) , ext. | | | |
| Study Area Code of Reporting Carrier | <u>310694</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/27/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KALEVA TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Jack Schaefer | | | | Digitally signed by Jack Schaefer DN:cn=Jack Schaefer,email=jcschaefer@kaltelnet.net,O=kaleva tel. co.,l=Kaleva MI 49645-0006, Date:3/20/2017 | |
| Date: <u>3/20/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Jack Schaefer</u> | | | | | |
| Title or position of authorized officer or employee: <u>Comptroller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>231-362-3111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310703</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ACE TEL. CO. OF MI, INC.</u> | | | | | |
| Signature of authorized officer or employee Cynthia Sweet | | | | Digitally signed by Cynthia Sweet DN:cn=Cynthia Sweet,email=csweet@acecomgroup.com,O=ace tel. co. of mi, inc.,l=Houston MN 55943-0360, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Cynthia Sweet</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-896-6211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310704</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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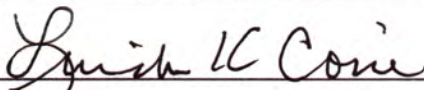
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LENNON TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Randy Fletcher | | | | <small>Digitally signed by Randy Fletcher DN:cn=Randy Fletcher,email=rfletcher@lental.com,O=Lennon tel. co.,l=Lennon MI 48449-0329, Date:3/22/2017</small> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Randy Fletcher</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>810-621-3304</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310708</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Ogden Telephone Company**

| | |
|--|------------------------|
| Signature of authorized officer or employee  | Date 05/10/2017 |
|--|------------------------|

Printed name of authorized officer or employee **Linda K. Corie**

Title or position of authorized officer or employee **Secretary-Treasurer**

Telephone number of authorized officer or employee: (**517**) **443** - **5595** , ext.

| | |
|--|---|
| Study Area Code of Reporting Carrier 310714 | Filing Due Date for this form (mm/dd/yyyy) June 2017 |
|--|---|

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PIGEON TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Neal Eichler | | | | <small>Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel. co.,l=Pigeon MI 48755, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Neal Eichler</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>989-453-4391</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310721</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SPRINGPORT TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Mark Cutler | | | | <small>Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel. co.,l=Springport MI 49284-0208, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Mark Cutler</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accountant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>517-857-3100</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310728</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WALDRON TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Lucinda Bernath</u> | | | | <small>Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel. co.,l=Waldron MI 49288-0197, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Lucinda Bernath</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>517-286-6211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310734</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WINN TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Carol Conrad | | | | <small>Digitally signed by Carol Conrad DN:cn=Carol Conrad,email=cconrad@winntelecommunications.net,O=winntel. co.,l=Winn MI 48896, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Carol Conrad</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>989-866-2421</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310737</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ACE TEL. CO. OF MICHIGAN, INC. (OLD MISSION)</u> | | | | | |
| Signature of authorized officer or employee Cynthia Sweet | | | | <small>Digitally signed by Cynthia Sweet DN:cn=Cynthia Sweet,email=csweet@acecomgroup.com,O=ace tel. co. of michigan, inc. (old mission),l=Houston MN 55943-0360, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Cynthia Sweet</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-896-6211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>310777</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CITIZENS TEL. CORP.-WARREN</u> | | | | | |
| Signature of authorized officer or employee Joan Paxson | | | | Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citiznet.com,O=citizens tel. corp.-warren,j=Warren IN 46792, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Joan Paxson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary, Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>260-375-2111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320751</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
FCC Form 508
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 1

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Clay County Rural Tel COOP INC DB/A Endeavor Communica</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/31/2017</u> |
| Printed name of authorized officer or employee <u>Darin T. LaCoursiere</u> | | | |
| Title or position of authorized officer or employee <u>President/CEO</u> | | | |
| Telephone number of authorized officer or employee (<u>765</u>) <u>795</u> - <u>9210</u> , ext. <u> </u> | | | |
| Study Area Code of Reporting Carrier <u>320753</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CRAIGVILLE TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Lee Von Gunten | | | | <small>Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel. co., inc.,l=Craigville IN 46731, Date:3/29/2017</small> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Lee Von Gunten</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>260-565-3131</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320756</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DAVIESS-MARTIN CTY. RURAL TEL. DBA RTC COMM.</u> | | | | | |
| Signature of authorized officer or employee David Redman | | | | <div style="font-size: small;">Digitally signed by David Redman DN:cn=David Redman,email=dredman@purdue.edu,O=daviess-mar tin cty. rural tel. dba rtc comm.,l=Montgomery IN 47558. Date:3/23/2017</div> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>David Redman</u> | | | | | |
| Title or position of authorized officer or employee: <u>Board President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>812-486-3211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320759</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GEETINGSVILLE TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Steve Scott | | | | <div style="font-size: small;">Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel. co., inc.,l=Frankfort IN 46041-7799, Date:3/21/2017</div> | |
| Date: <u>3/21/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Steve Scott</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>765-258-3111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320771</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HANCOCK RURAL TEL. CORP. DBA NINESTAR CONNECT</u> | | | | | |
| Signature of authorized officer or employee Michael Burrow | | | | Digitally signed by Michael Burrow DN:cn=Michael Burrow,email=mburrow@ninestarconnect.com,O=hancock rural tel. corp. dba ninestar connect, =Greenfield IN 46140, Date: 3/20/2017 | |
| Date: <u>3/20/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Michael Burrow</u> | | | | | |
| Title or position of authorized officer or employee: <u>President and CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>317-326-2101</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320775</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

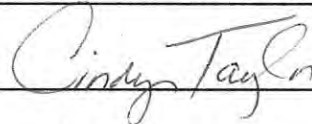
Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Ligonier Telephone Company, Inc.

Signature of authorized officer or employee



Date

03/24/2017

Printed name of authorized officer or employee

Cindy Taylor

Title or position of authorized officer or employee

Commercial Operations Manager

Telephone number of authorized officer or employee: (260) 894 - 7161 , ext. _____

Study Area Code of Reporting Carrier

320783

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

3/31/2017

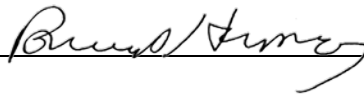
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier

Signature of authorized officer or employee



Date

Printed name of authorized officer or employee

Title or position of authorized officer or employee

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

Study Area Code of Reporting Carrier

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

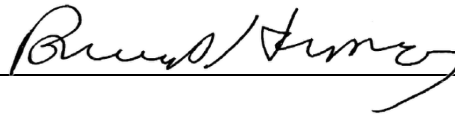
**Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission.
Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of
1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.**

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier

Signature of authorized officer or employee



Date

Printed name of authorized officer or employee

Title or position of authorized officer or employee

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

Study Area Code of Reporting Carrier

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

**Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission.
Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.**

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MULBERRY COOP. TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Randy Maish | | | | <div style="font-size: small;">Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop. tel. co., inc.,l=Mulberry IN 46058, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Randy Maish</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>765-296-2885</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320792</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NEW LISBON TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee John Greene | | | | Digitally signed by John Greene DN:cn=John Greene,email=john.greene@nlbc.com,O=new lisbon tel. co., inc.,l=New Lisbon IN 47366, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>John Greene</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>765-332-2413</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320796</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NEW PARIS TEL., INC.</u> | | | | | |
| Signature of authorized officer or employee Paul Penrose | | | | Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel., inc.,l=New Paris IN 46553-0047, Date:3/23/2017 Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Paul Penrose</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>574-831-7115</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320797</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NORTHWESTERN INDIANA TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Sharon McKay | | | | Digitally signed by Sharon McKay DN:cn=Sharon McKay,email=smckay@nitco.com,O=northwestern indiana tel. co., inc.,l=Hebron IN 46341, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Sharon McKay</u> | | | | | |
| Title or position of authorized officer or employee: <u>Business Office/Regulatory Mgr</u> | | | | | |
| Telephone number of authorized officer or employee: <u>219-996-2981</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320800</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PERRY-SPENCER RURAL TEL. COOP., INC. DBA PSC</u> | | | | | |
| Signature of authorized officer or employee <u>James Dauby</u> | | | | <div style="font-size: small;">Digitally signed by James Dauby DN:cn=James Dauby,email=jdauby@psci.net,O=perry-spencer rural tel. coop., inc. dba psc,l=St. Meinrad IN 47577, Date:3/23/2017</div> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>James Dauby</u> | | | | | |
| Title or position of authorized officer or employee: <u>President/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>812-357-2123</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320807</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PULASKI-WHITE RURAL TEL. COOP., INC.</u> | | | | | |
| Signature of authorized officer or employee Mark Dickerson | | | | Digitally signed by Mark Dickerson DN:cn=Mark Dickerson,email=mdickerson@pwrtc.net,O=pulaski-white rural tel. coop., inc.,l=Buffalo IN 47925, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mark Dickerson</u> | | | | | |
| Title or position of authorized officer or employee: <u>President/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>574-278-7121</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320813</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ROCHESTER TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Greta Lynch | | | | <div style="font-size: small;">Digitally signed by Greta Lynch DN:cn=Greta Lynch,email=greta.lynych@rtc1.com,O=rochester tel. co., inc.,l=Rochester IN 46975-1509, Date:3/29/2017</div> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Greta Lynch</u> | | | | | |
| Title or position of authorized officer or employee: <u>VP-Finance</u> | | | | | |
| Telephone number of authorized officer or employee: <u>574-223-0238</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320815</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
VOLUME 1
OMB Control No. 3060-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Southeastern Indiana Rural Telephone Cooperative, Inc.

Signature of authorized officer or employee

Anthony Clark

Date

03/24/2017

Printed name of authorized officer or employee

Anthony Clark

Title or position of authorized officer or employee

General Manager

Telephone number of authorized officer or employee: (812) 667 - 5100 , ext. 240

Study Area Code of Reporting Carrier

320819

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SUNMAN TELECOMMUNICATIONS CORPORATION</u> | | | | | |
| Signature of authorized officer or employee Michael Alig | | | | <small>Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecommunications corporation,l=Sunman IN 47041, Date:3/29/2017</small> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Michael Alig</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>812-623-2122</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320825</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SWAYZEE TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee <u>Audra Hicks</u> | | | | <div style="font-size: small;">Digitally signed by Audra Hicks DN:cn=Audra Hicks,email=swayzee@swayzee.com,O=swayzee tel. co., inc.,l=Swayzee IN 46986, Date:3/29/2017</div> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Audra Hicks</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>765-922-7916</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320826</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SWEETSER RURAL TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Scott Winger | | | | Digitally signed by Scott Winger DN:cn=Scott Winger,email=sawinger@comteck.com,O=sweetser rural tel. co., inc.,l=Sweetser IN 46987, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Scott Winger</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>765-384-4311</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320827</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WASH. CTY. RURAL TEL. COOP., INC.</u> | | | | | |
| Signature of authorized officer or employee Michael Harian | | | | <small>Digitally signed by Michael Harian DN:cn=Michael Harian,email=mike.harian@tele-mediasolutions.coop, O=wash. cty. rural tel. coop., inc.,l=Pekin IN 47165-7848, Date:3/22/2017</small> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Michael Harian</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>812-967-5501</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320834</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier Washington County RTC (DBA Telemedia Solutions)

Signature of authorized officer or employee  Date 08.04.2017

Printed name of authorized officer or employee Michael K. Harian

Title or position of authorized officer or employee General Manager

Telephone number of authorized officer or employee: (812) 967 - 5501 , ext.

| | | | | | |
|--------------------------------------|--------|--|--|-------------|--|
| Study Area Code of Reporting Carrier | 320834 | | Filing Due Date for this form (mm/dd/yyyy) | August 2017 | |
|--------------------------------------|--------|--|--|-------------|--|

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>YEOMAN TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee David Blacker | | | | <small>Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel. co., inc.,l=Yeoman IN 47997, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>David Blacker</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>574-965-2100</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>320839</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>AMHERST TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Carl Bohman | | | | Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=carlb@tvalleycom.com,O=amherst tel. co.,l=Amherst WI 54406, Date:3/22/2017 Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Carl Bohman</u> | | | | | |
| Title or position of authorized officer or employee: <u>President & General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>715-824-5529</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330843</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Baldwin Telecom, Inc.

Signature of authorized officer or employee

Matt Sparks

Date 3/29/2017

Printed name of authorized officer or employee

Matt Sparks

Title or position of authorized officer or employee

General Manager

Telephone number of authorized officer or employee: (877) 684 - 3346, ext.

Study Area Code of Reporting Carrier

330846

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BELMONT TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Deb Egli | | | | <div style="font-size: small;">Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=belmont tel. co.,l=Cuba City WI 53807, Date:3/30/2017</div> Date: <u>3/30/2017</u> | |
| Printed name of authorized officer or employee: <u>Deb Egli</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>608-744-3500</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330847</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BERGEN TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Brad Ellefson | | | | <small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel. co.,l=Sharon WI 53585, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Brad Ellefson</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>262-736-9981</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330848</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BLOOMER TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Jim Smart</u> | | | | Digitally signed by Jim Smart DN:cn=Jim Smart,email=jrs@bloomer.net,O=bloomer tel. co.,l=Bloomer WI 54724-1697, Date:3/22/2017 Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Jim Smart</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>715-568-4830</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330850</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CHEQUAMEGON COMMUNICATIONS COOPERATIVE, INC.</u> | | | | | |
| Signature of authorized officer or employee Ray Schindler | | | | Digitally signed by Ray Schindler DN:cn=Ray Schindler,email=rschindler@norvado.com,O=chequamegon communications cooperative, inc.,l=Cable WI 54821-0067, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Ray Schindler</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>715-798-3303</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330860</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CHIBARDUN TEL. COOP., INC.</u> | | | | | |
| Signature of authorized officer or employe N. Scott Behn | | | | Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaictelcom.com,O=chibardun tel. coop., inc.,l=Cameron WI 54822-0664, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>N. Scott Behn</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Executive Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>715-458-5400</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330861</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CITIZENS TEL. COOP., INC.-WI</u> | | | | | |
| Signature of authorized officer or employee Dennis Bachman | | | | <small>Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel. coop., inc.-wi,l=New Auburn WI 54757-0127, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Dennis Bachman</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>715-237-2605</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330863</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>COCHRANE COOP. TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Gina Tomlinson | | | | <small>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mw.t.net,O=cochrane coop. tel. co.,l=Cochrane WI 54622-0189, Date:3/22/2017</small> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Gina Tomlinson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Executive Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>608-248-2323</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330866</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CUBA CITY TEL. EXCH. CO.</u> | | | | | |
| Signature of authorized officer or employee Deb Egli | | | | <div style="font-size: small;">Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city tel. exch. co.,l=Cuba City WI 53807, Date:3/30/2017</div> Date: <u>3/30/2017</u> | |
| Printed name of authorized officer or employee: <u>Deb Egli</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>608-744-3500</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330872</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HAGER TELECOM, INC.</u> | | | | | |
| Signature of authorized officer or employee Richard Scholtes | | | | Digitally signed by Richard Scholtes DN:cn=Richard Scholtes,email=rscholtes@bevcomm.com,O=hager telecom, inc.,l=Blue Earth MN 56013, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Richard Scholtes</u> | | | | | |
| Title or position of authorized officer or employee: <u>Revenue Requirements Specialist</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-526-3252</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330889</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|--|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LAKEFIELD TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee <u>Jim Paulos</u> | | | | Digitally signed by Jim Paulos DN:cn=Jim Paulos,email=jim.paulos@nsight.com,O=lakefield telephone company,l=Green Bay WI 54313, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Jim Paulos</u> | | | | | |
| Title or position of authorized officer or employee: <u>Fixed Operations Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>920-617-7085</u> | | | | | |
| Study Area Code of Reporting Carrier | | <u>330896</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LA VALLE TEL. COOP.</u> | | | | | |
| Signature of authorized officer or employee Gregory Rockweiler | | | | Digitally signed by Gregory Rockweiler DN: cn=Gregory Rockweiler, email=ltc@mwt.net, O=la valle tel. coop., l=La Valle WI 53941, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Gregory Rockweiler</u> | | | | | |
| Title or position of authorized officer or employee: <u>Assistant Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>608-985-7201</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330899</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LEMONWEIR VALLEY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Donna Rezin | | | | Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=Donna.Rezin@getlynxx.com,O=lemonweir valley tel. co.,l=Camp Douglas WI 54618, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Donna Rezin</u> | | | | | |
| Title or position of authorized officer or employee: <u>Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>608-427-6515</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330900</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LAKELAND COMMUNICATIONS GROUP, LLC-LUCK</u> | | | | | |
| Signature of authorized officer or employee Crystal Morley | | | | Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland communications group, llc-luck,l=Milltown WI 54858, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Crystal Morley</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>715-825-5105</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330902</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MARQUETTE-ADAMS TEL. COOP., INC.</u> | | | | | |
| Signature of authorized officer or employee Jerry Schneider | | | | Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquette-adams tel. coop., inc.,l=Oxford WI 53952, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Jerry Schneider</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO & General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>608-586-4111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330908</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LAKELAND COMMUNICATIONS GROUP, LLC-MILLTOWN</u> | | | | | |
| Signature of authorized officer or employee Crystal Morley | | | | <small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland communications group, llc-milltown,l=Milltown WI 54858, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Crystal Morley</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>715-825-5105</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330910</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NELSON COMMUNICATIONS COOPERATIVE</u> | | | | | |
| Signature of authorized officer or employee Christy Berger | | | | Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@nelson-tel.net,O=nelson communications cooperative,l=Durand WI 54736-0228, Date:3/22/2017 | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Christy Berger</u> | | | | | |
| Title or position of authorized officer or employee: <u>Executive Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>715-672-4204</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330918</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
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FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NIAGARA TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee <u>Jim Paulos</u> | | | | Digitally signed by Jim Paulos DN:cn=Jim Paulos,email=jim.paulos@nsight.com,O=niagara telephone company,l=Green Bay WI 54313, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Jim Paulos</u> | | | | | |
| Title or position of authorized officer or employee: <u>Fixed Operations Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>920-617-7085</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330920</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|---|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BAYLAND TELEPHONE, LLC</u> | | | | | |
| Signature of authorized officer or employee <u>Jim Paulos</u> | | | | Digitally signed by Jim Paulos DN:cn=Jim Paulos,email=jim.paulos@nsight.com,O=bayland telephone, llc,l=Green Bay WI 54313, Date:3/23/2017 | |
| | | | | Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Jim Paulos</u> | | | | | |
| Title or position of authorized officer or employee: <u>Fixed Operations Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>920-617-7085</u> | | | | | |
| Study Area Code of Reporting Carrier | | <u>330925</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>INDIANHEAD TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Richard Scholtes | | | | <small>Digitally signed by Richard Scholtes DN:cn=Richard Scholtes,email=rscholtes@bevcomm.com,O=indianhead tel. co.,l=Blue Earth MN 56013, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Richard Scholtes</u> | | | | | |
| Title or position of authorized officer or employee: <u>Revenue Requirements Specialist</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-526-3252</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330936</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PRICE COUNTY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Catherine Mess | | | | Digitally signed by Catherine Mess DN:cn=Catherine Mess,email=messc@pctcnet.net,O=price county tel. co.,l=Phillips WI 54555-0108, Date:3/24/2017 Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Catherine Mess</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>715-339-2151</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330937</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NORTHEAST TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Jim Paulos | | | | <small>Digitally signed by Jim Paulos DN:cn=Jim Paulos,email=jim.paulos@nsight.com,O=northeast tel. co.,l=Green Bay WI 54313, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Jim Paulos</u> | | | | | |
| Title or position of authorized officer or employee: <u>Fixed Operations Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>920-617-7085</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330938</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>RICHLAND-GRANT TEL. COOP., INC.</u> | | | | | |
| Signature of authorized officer or employee Larry Jewell | | | | Digitally signed by Larry Jewell DN:cn=Larry Jewell,email=rgtc@rgtc.coop,O=richland-grant tel. coop., inc.,l=Blue River WI 53518, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Larry Jewell</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>608-537-2461</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330942</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SHARON TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Brad Ellefson | | | | <small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel. co.,l=Sharon WI 53585, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Brad Ellefson</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>262-736-9981</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330946</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SIREN TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Sid Sherstad | | | | <small>Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel. co., inc.,l=Siren WI 54872-0426, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Sid Sherstad</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>715-349-2224</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330949</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Spring Valley Telephone Company Inc**

Signature of authorized officer or employee  Digitally signed by Carol J Anderson
Date: 2017.05.12 07:00:49 -05'00' **05/12/2017**

Printed name of authorized officer or employee **Carol J Anderson**

Title or position of authorized officer or employee **Assistant Secretary**

Telephone number of authorized officer or employee: (**715**) **778** - **4433** , ext.

| | | | |
|--------------------------------------|---------------|--|------------------|
| Study Area Code of Reporting Carrier | 330953 | Filing Due Date for this form (mm/dd/yyyy) | June 2017 |
|--------------------------------------|---------------|--|------------------|

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.</u> | | | | | |
| Signature of authorized officer or employee <u>Cheryl Rue</u> | | | | Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county communications cooperative, inc.,l=Strum WI 54770, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Cheryl Rue</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>715-695-2691</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330960</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>VERNON COMMUNICATIONS COOPERATIVE</u> | | | | | |
| Signature of authorized officer or employee Rodney Olson | | | | <small>Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon communications cooperative,l=Westby WI 54667, Date:3/22/2017</small> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Rodney Olson</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO & General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>608-634-7421</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330966</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WEST WISCONSIN TELCOM COOP., INC.</u> | | | | | |
| Signature of authorized officer or employee Mark Stenseth | | | | Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=west wisconsin telcom coop., inc.,l=Downsville WI 54735, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mark Stenseth</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>715-664-8311</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>330971</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Wood County Telephone Company**

Signature of authorized officer or employee

Greg Krings

Date

05/12/2017

Printed name of authorized officer or employee

Greg Krings

Title or position of authorized officer or employee

Assistant Secretary / Treasurer

Telephone number of authorized officer or employee: (715) 421 - 8129 , ext.

Study Area Code of Reporting Carrier

330974

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972


VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALHAMBRA - GRANTFORK TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Kevin Osterbur | | | | <small>Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra - grantfork telephone company,l=Alhambra IL 62001-0207, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Kevin Osterbur</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>618-488-2165</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>340978</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|---|---------------|--|------------------|-----------------------|
| <p align="center">Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>Cambridge Tel. Co.-IL</u> | | | | |
| Signature of authorized officer or employee  | | | | Date <u>3/21/2017</u> |
| Printed name of authorized officer or employee <u>Scott Rubins</u> | | | | |
| Title or position of authorized officer or employee <u>President/CEO</u> | | | | |
| Telephone number of authorized officer or employee: (<u>309</u>) <u>944</u> - <u>2103</u> , ext. | | | | |
| Study Area Code of Reporting Carrier | <u>340983</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/28/2017</u> | |
| <p 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> | | | | |

VOLUME 1

APPENDIX C

EXHIBIT 1

FCC Form 508

OMB Control No. 3060-0872

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|----------------------|
| <p align="center">Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier</p> | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.803 (a)(3)(4).</p> | | | |
| Name of Authorized Agent: <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier: <u>CLARKSVILLE MUTUAL TELEPHONE CO.</u> | | | |
| Signature of authorized officer or employee: <u>Patricia Rhoads</u> | | | Date: <u>3/22/17</u> |
| Printed name of authorized officer or employee: <u>PATRICIA RHOADS</u> | | | |
| Title or position of authorized officer or employee: <u>SECRETARY - TREASURER</u> | | | |
| Telephone number of authorized officer or employee: <u>217, 889, 3822</u> | | | |
| Study Area Code of Reporting Carrier | <u>340990</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <p 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> | | | |

Certification Agent:

Transmittal No. 1519

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>EGYPTIAN TEL. COOP. ASSN.</u> | | | | | |
| Signature of authorized officer or employee Kevin Jacobsen | | | | <div style="font-size: small;">Digitally signed by Kevin Jacobsen DN:cn=Kevin Jacobsen,email=kjacobsen@egyptian.net,O=egyptian tel. coop. assn.,l=Steeleville IL 62288-0158, Date:3/21/2017</div> | |
| Date: <u>3/21/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Kevin Jacobsen</u> | | | | | |
| Title or position of authorized officer or employee: <u>Executive Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>618-774-1000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>341003</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|---|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GRAFTON TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Leigh Sickinger</u> | | | | Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grifton tel. co.,l=Grafton IL 62037, Date:3/27/2017 | |
| | | | | Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Leigh Sickinger</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>618-786-3400</u> | | | | | |
| Study Area Code of Reporting Carrier | | <u>341020</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
VOLUME 1
OMB Control No. 3060-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support
Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier**

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Grandview Mutual Telephone

Signature of authorized officer or employee Angela Tate

Date 3-20-2017

Printed name of authorized officer or employee Angela Tate

Title or position of authorized officer or employee TREASURER

Telephone number of authorized officer or employee: (217) 946-4101 ext.

Study Area Code of Reporting Carrier

3410'21

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GRIDLEY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employe Herb Flesher | | | | Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel. co.,l=Gridley IL 61744-0129, Date:3/22/2017 Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Herb Flesher</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>309-747-3780</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>341023</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SHAWNEE TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee <u>James Grisham</u> | | | | Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company, n=Equality IL 62934, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>James Grisham</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>618-276-4211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>341025</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HARRISONVILLE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Lee Whitcher | | | | Digitally signed by Lee Whitcher DN:cn=Lee Whitcher,email=htclhw@htc.net,O=harrisonville tel. co.,l=Waterloo IL 62298-0149, Date:3/23/2017 Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Lee Whitcher</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President of Regulatory Compliance</u> | | | | | |
| Telephone number of authorized officer or employee: <u>618-939-9252</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>341026</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|------------------|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | | |
| Name of Reporting Carrier <u>Home Telephone Co.</u> | | | | | |
| Signature of authorized officer or employee  | | | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Eric Schmidt</u> | | | | | |
| Title or position of authorized officer or employee <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: (<u>618</u>) <u>644</u> - <u>2111</u> , ext. | | | | | |
| Study Area Code of Reporting Carrier | | <u>341032</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | | | |

* For Version Dated 3/27/17 (see attached)

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KINSMAN MUTUAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Michelle Baudino | | | | <small>Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel. co.,l=Kinsman IL 60437, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Michelle Baudino</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary/Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>815-392-4210</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>341041</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LA HARPE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Todd Irish | | | | Digitally signed by Todd Irish DN:cn=Todd Irish,email=todd@laharpetelephone.com,O=la harpe tel. co.,l=La Harpe IL 61450, Date:3/22/2017 Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Todd Irish</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>217-659-7721</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>341043</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LEAF RIVER TEL. CO.</u> | | | | | |
| Signature of authorized officer or employe Aaron Palmer | | | | <div style="font-size: small;">Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lnet1.com,O=leaf river tel. co.,l=Leaf River IL 61047, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Aaron Palmer</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>815-738-2216</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>341045</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

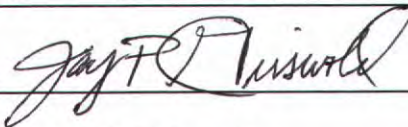
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LEONORE MUTUAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Donna Naas | | | | <small>Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmtc@lmtc.net,O=leonore mutual tel. co.,l=Leonore IL 61332, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Donna Naas</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>815-856-3164</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>341046</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **McDonough Telephone Cooperative**

Signature of authorized officer or employee  Date **05/16/2017**

Printed name of authorized officer or employee **Jay P Griswold**

Title or position of authorized officer or employee **President/CEO**

Telephone number of authorized officer or employee: (309) 776 - 3211 , ext.

| | | | |
|--------------------------------------|---------------|--|------------------|
| Study Area Code of Reporting Carrier | 341047 | Filing Due Date for this form (mm/dd/yyyy) | June 2017 |
|--------------------------------------|---------------|--|------------------|

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MADISON TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Dave Beier | | | | Digitally signed by Dave Beier DN:cn=Dave Beier,email=dbeier@madison.telco., Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Dave Beier</u> | | | | | |
| Title or position of authorized officer or employee: <u>Director of Regulatory and Finance</u> | | | | | |
| Telephone number of authorized officer or employee: <u>618-635-1000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>341049</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
FCC Form 508
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|--|---------------|---|------------------|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>Marseilles Telephone Company</u> | | | | |
| Signature of authorized officer or employee | | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Ann Dickerson</u> | | | | |
| Title or position of authorized officer or employee <u>CFO</u> | | | | |
| Telephone number of authorized officer or employee: (<u>309</u>) <u>367</u> - <u>4197</u> , ext. <u>120</u> | | | | |
| Study Area Code of Reporting Carrier | <u>341050</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
FCC Form 508
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|--|---------------|--|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>Metamora Telephone Company</u> | | | | |
| Signature of authorized officer or employee | | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Ann Dickerson</u> | | | | |
| Title or position of authorized officer or employee <u>CFO</u> | | | | |
| Telephone number of authorized officer or employee: (<u>309</u>) <u>367</u> - <u>4197</u> , ext. <u>120</u> | | | | |
| Study Area Code of Reporting Carrier | <u>341053</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
APPENDIX C
FCC Form 508
EXHIBIT 2
OMB Control No. 3060-0972

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|---|---------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>MONTROSE MUTUAL TEL. CO., INC</u> | | | |
| Signature of authorized officer or employee <u>George P. Tays</u> | | | Date <u>3-27-17</u> |
| Printed name of authorized officer or employee <u>George P. TAYS</u> | | | |
| Title or position of authorized officer or employee <u>Sec/Treas</u> | | | |
| Telephone number of authorized officer or employee: <u>217,925 5242 ext.</u> | | | |
| Study Area Code of Reporting Carrier <u>34-1058</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MOULTRIE INDEPENDENT TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>James Grisham</u> | | | | <small>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=moultrie independent tel. co.,l=Equality IL 62934, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>James Grisham</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>618-276-4211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>341060</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NEW WINDSOR TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Troy Nimrick | | | | Digitally signed by Troy Nimrick DN:cn=Troy Nimrick,email=troy@nwtelephone.com,O=new windsor tel. co.,l=New Windsor IL 61465-0488, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Troy Nimrick</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>309-667-2255</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>341062</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control Number 3060-0972
APPENDIX C
EXHIBIT 4

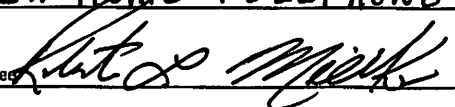
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Oneida Telephone Exchange</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>3/21/2017</u> |
| Printed name of authorized officer or employee <u>David Olson</u> | | | |
| Title or position of authorized officer or employee <u>General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>309</u>) <u>483</u> - <u>3111</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>341066</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
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FCC Form 508
OMB Control No. 3060-0972

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|---------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>VIOLA HOME TELEPHONE COMPANY</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>3-28-17</u> |
| Printed name of authorized officer or employee <u>ROBERT L. MILLIKAN</u> | | | |
| Title or position of authorized officer or employee <u>PRESIDENT</u> | | | |
| Telephone number of authorized officer or employee: <u>(309) 596-2222, ext.</u> | | | |
| Study Area Code of Reporting Carrier | <u>341087</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

Certification-Agent

Transmittal No. 1519

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WABASH TEL COOP, INC. DBA WABASH COMM CO-OP</u> | | | | | |
| Signature of authorized officer or employee Barry Adair | | | | Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=wabash tel coop, inc. dba wabash comm co-op,l=Louisville IL 62858. Date:3/21/2017 | |
| Date: <u>3/21/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Barry Adair</u> | | | | | |
| Title or position of authorized officer or employee: <u>EVP General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>618-665-3311</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>341088</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|----------------|--|---------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Woodhull Telephone Company</u> | | | |
| Signature of authorized officer or employee <u>George Wirt</u> | | | Date <u>3/28/17</u> |
| Printed name of authorized officer or employee <u>George Wirt</u> | | | |
| Title or position of authorized officer or employee <u>General Manager</u> | | | |
| Telephone number of authorized officer or employee: <u>(309) 334-2150</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>34-1091</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|---|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>REASNOR TELEPHONE COMPANY, LLC</u> | | | | | |
| Signature of authorized officer or employee Michael Hatfield | | | | Digitally signed by Michael Hatfield DN:cn=Michael Hatfield,email=michael@thrifftm.com,O=reasnor telephone company, llc,l=Fort Worth TX 76106, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Michael Hatfield</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>817-838-1800</u> | | | | | |
| Study Area Code of Reporting Carrier | | <u>350739</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ARCADIA TEL. COOP.</u> | | | | | |
| Signature of authorized officer or employee Tony Vonnahme | | | | Digitally signed by Tony Vonnahme DN:cn=Tony Vonnahme,email=kvonnahme@netins.net,O=arcadia tel. coop.,l=Arcadia IA 51430, Date:3/28/2017 Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Tony Vonnahme</u> | | | | | |
| Title or position of authorized officer or employee: <u>Board President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-689-2238</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351098</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ATKINS TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Gerald Spaight | | | | <small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel. co.,l=Atkins IA 52206, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Gerald Spaight</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager / Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-446-7331</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351101</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALPINE COMMUNICATIONS, L.C.</u> | | | | | |
| Signature of authorized officer or employee Chris Hopp | | | | Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine communications, l.c.,l=Elkader IA 52043, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Chris Hopp</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>563-245-4480</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351106</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BALDWIN-NASHVILLE TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Brian Rickels | | | | Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville tel. co., inc.,l=Baldwin IA 52207-0050, Date:3/20/2017 Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>Brian Rickels</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>563-673-6001</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351107</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BERNARD TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Kyle Manders | | | | Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel. co., inc.,l=Bernard IA 52032-0068, Date:3/22/2017 | Date: <u>3/22/2017</u> |
| Printed name of authorized officer or employee: <u>Kyle Manders</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>563-879-3203</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351110</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BROOKLYN MUTUAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Tim Atkinson | | | | <div style="font-size: small;">Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel. co.,l=Brooklyn IA 52211-0513, Date:3/27/2017</div> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Tim Atkinson</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/Compliance Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-522-9211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351113</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CASCADE COMMUNICATIONS COMPANY</u> | | | | | |
| Signature of authorized officer or employee David Gibson | | | | Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade communications company,l=Cascade IA 52033-0250, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>David Gibson</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/Compliance Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>563-852-3710</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351118</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CITIZENS MUTUAL TELEPHONE COOPERATIVE</u> | | | | | |
| Signature of authorized officer or employee <u>Lynn Clark</u> | | | | Digitally signed by Lynn Clark DN:cn=Lynn Clark,email=lclark@cmtel.com,O=citizens mutual telephone cooperative, Bloomfield IA 52537, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Lynn Clark</u> | | | | | |
| Title or position of authorized officer or employee: | | | | | |
| Telephone number of authorized officer or employee: <u>641-664-2074</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351129</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

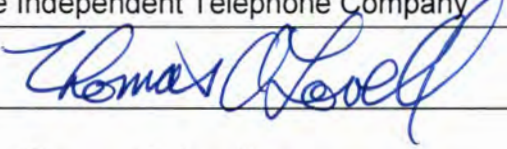
FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CLARENCE TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Mark Harvey | | | | Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=ctcmanager@netins.net,O=clarence tel. co., inc.,l=Dysart IA 52224-0280, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mark Harvey</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-476-7800</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351130</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

| | | | | |
|--|--|--|-------------------------------|--|
| <p align="center">Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA</p> <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.</p> | | | | |
| <p>Name of Reporting Carrier Clear Lake Independent Telephone Company</p> | | | | |
| <p>Signature of authorized officer or employee </p> | | | <p>Date 05/12/2017</p> | |
| <p>Printed name of authorized officer or employee Thomas A. Lovell</p> | | | | |
| <p>Title or position of authorized officer or employee VP-General Manager</p> | | | | |
| <p>Telephone number of authorized officer or employee: (641) 357 - 2111 , ext.</p> | | | | |
| <p>Study Area Code of Reporting Carrier 351132</p> | | <p>Filing Due Date for this form (mm/dd/yyyy) June 2017</p> | | |
| <p>Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>C-M-L TEL. COOP. ASSN.</u> | | | | | |
| Signature of authorized officer or employee Bruce Johnson | | | | <small>Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cmltelco@netins.net,O=c-m-l tel. coop. assn.,l=Meriden IA 51037, Date:3/20/2017</small> Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>Bruce Johnson</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-443-8222</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351133</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|-----------------------|--|---|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>COLO TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee | | Larry Springer | | Digitally signed by Larry Springer DN:cn=Larry Springer,email=larrycolo@netins.net,O=colo tel. co.,l=Colo IA 50056-0315, Date:3/27/2017 | |
| | | | | Date: | <u>3/27/2017</u> |
| Printed name of authorized officer or employee: <u>Larry Springer</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-377-2202</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351134</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CORN BELT TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Emily Swensen | | | | <small>Digitally signed by Emily Swensen DN:cn=Emily Swensen,email=CBTelco@netins.net,O=corn belt tel. co.,l=Wall Lake IA 51466, Date:3/22/2017</small> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Emily Swensen</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager/Accountant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-664-2221</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351141</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DUMONT TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Roger Kregel | | | | <small>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel. co.,l=Dumont IA 50625-0349, Date:3/22/2017</small> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Roger Kregel</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-857-3211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351152</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DUNKERTON TEL. COOP., INC.</u> | | | | | |
| Signature of authorized officer or employee Sue Bruns | | | | Digitally signed by Sue Bruns DN:cn=Sue Bruns,email=sue@dunkerton.net,O=dunkerton tel. coop., inc.,I=Dunkerton IA 50626, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Sue Bruns</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-822-4512</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351153</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ELLSWORTH COOP. TEL. ASSN.</u> | | | | | |
| Signature of authorized officer or employee <u>Joshua Angove</u> | | | | Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop. tel. assn.,l=Ellsworth IA 50075-0458, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Joshua Angove</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>515-836-4431</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351157</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MINBURN TELECOMMUNICATIONS, INC.</u> | | | | | |
| Signature of authorized officer or employee Debra Lucht | | | | <small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,l=Minburn IA 50167, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Debra Lucht</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/Assistant Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>515-677-2264</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351158</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>F&B COMMUNICATIONS, INC.</u> | | | | | |
| Signature of authorized officer or employee Kenneth Laursen | | | | <div style="font-size: small;">Digitally signed by Kenneth Laursen DN:cn=Kenneth Laursen,email=ken@fbc-tele.com,O=f&b communications, inc.,l=Wheatland IA 52777-0309, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Kenneth Laursen</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>563-374-1236</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351160</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FARMERS COOP. TEL. CO.-DYSART</u> | | | | | |
| Signature of authorized officer or employee Mark Harvey | | | | <div style="font-size: small;">Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=mharvey@fctc.coop,O=farmers coop. tel. co.-dysart,l=Dysart IA 52224-0280, Date:3/28/2017</div> | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mark Harvey</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-476-7800</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351162</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FARMERS & MERCHANTS MUTUAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Susie Stalder | | | | <div style="font-size: small;">Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=sstalder@farmtel.com,O=farmers & merchants mutual tel. co.,l=Wayland IA 52654, Date:3/21/2017</div> | |
| Date: <u>3/21/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Susie Stalder</u> | | | | | |
| Title or position of authorized officer or employee: <u>Operations Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-256-2736</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351166</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FARMERS MUTUAL COOP. TEL. CO.-MOULTON</u> | | | | | |
| Signature of authorized officer or employee Tammy Wheeler | | | | Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop. tel. co.-moulton,l=Moulton IA 52572, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Tammy Wheeler</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-642-3249</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351169</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FARMERS MUTUAL TEL. CO.-NORA SPRINGS</u> | | | | | |
| Signature of authorized officer or employee Debra Ward | | | | <div style="font-size: small;">Digitally signed by Debra Ward DN:cn=Debra Ward,email=dward@omnitel.biz,O=farmers mutual tel. co.-nora springs,l=Nora Springs IA 50458, Date:3/22/2017</div> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Debra Ward</u> | | | | | |
| Title or position of authorized officer or employee: <u>Director of Corporate Operations</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-749-2531</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351172</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|---|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FARMERS MUTUAL TEL. COOP.-SHELLSBURG</u> | | | | | |
| Signature of authorized officer or employee Curtis Eldred | | | | Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@fmtcs.com,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332-0438, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Curtis Eldred</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-436-2224</u> | | | | | |
| Study Area Code of Reporting Carrier | | <u>351173</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FARMERS MUTUAL TEL. CO.-STANTON</u> | | | | | |
| Signature of authorized officer or employee Kevin Cabbage | | | | <small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=farmers mutual tel. co.-stanton,=Stanton IA 51573-0220, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Kevin Cabbage</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-829-2111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351174</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FARMERS TEL. CO.-BATAVIA</u> | | | | | |
| Signature of authorized officer or employee <u>Lynn Clark</u> | | | | <small>Digitally signed by Lynn Clark DN:cn=Lynn Clark,email=lclark@cmtel.com,O=farmers tel. co.-batavia,l=Bloomfield IA 52537, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Lynn Clark</u> | | | | | |
| Title or position of authorized officer or employee: | | | | | |
| Telephone number of authorized officer or employee: <u>641-664-2074</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351175</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FARMERS TEL. CO.-RICEVILLE</u> | | | | | |
| Signature of authorized officer or employee Debra Ward | | | | Digitally signed by Debra Ward DN:cn=Debra Ward,email=dward@omnitel.biz,O=farmers tel. co.-riceville,j=Nora Springs IA 50458, Date:3/22/2017 Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Debra Ward</u> | | | | | |
| Title or position of authorized officer or employee: <u>Director of Corporate Operations</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-749-2531</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351177</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |


FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GOLDFIELD TEL. CO.</u> | | | | | |
| Signature of authorized officer or employe Jacob Berte | | | | Digitally signed by Jacob Berte DN:cn=Jacob Berte,email=jberte@goldfieldaccess.net,O=goldfield tel. co.,l=Goldfield IA 50542, Date:3/20/2017 Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>Jacob Berte</u> | | | | | |
| Title or position of authorized officer or employee: | | | | | |
| Telephone number of authorized officer or employee: <u>515-825-3766</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351188</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

| | | | | | |
|--|--|----------------------|--|--|--|
| <p align="center">Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA</p> <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.</p> | | | | | |
| <p>Name of Reporting Carrier River Valley Telecommunications Coop</p> | | | | | |
| <p>Signature of authorized officer or employee </p> | | | | <p>Date 05/12/2017</p> | |
| <p>Printed name of authorized officer or employee Ivan Dalen</p> | | | | | |
| <p>Title or position of authorized officer or employee GM</p> | | | | | |
| <p>Telephone number of authorized officer or employee: (712) 859 - 3300 , ext.</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | | <p>351189</p> | | <p>Filing Due Date for this form (mm/dd/yyyy) June 2017</p> | |
| <p>Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GRAND MOUND COOP. TEL. ASSN.</u> | | | | | |
| Signature of authorized officer or employee Marcus Behnken | | | | <small>Digitally signed by Marcus Behnken DN:cn=Marcus Behnken,email=mbehnken@gmcta.coop,O=grand mound coop. tel. assn.,l=Grand Mound IA 52751, Date:3/27/2017</small> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Marcus Behnken</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>563-847-3000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351191</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GRISWOLD COOP. TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Amy McLaren</u> | | | | Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold coop. tel. co.,l=Griswold IA 51535-0640, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Amy McLaren</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-778-2121</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351195</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|---|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HAWKEYE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employe <u>Charles Gray</u> | | | | Digitally signed by Charles Gray DN:cn=Charles Gray,email=cmgray@netins.net,O=hawkeye tel. co.,l=Hawkeye IA 52147, Date:3/23/2017 Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Charles Gray</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary/Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>563-427-3331</u> | | | | | |
| Study Area Code of Reporting Carrier | | <u>351199</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HOSPERS TEL. EXCHANGE, INC.</u> | | | | | |
| Signature of authorized officer or employee David Raak | | | | <div style="font-size: small;">Digitally signed by David Raak DN:cn=David Raak,email=dave@hosperstel.com,O=hospers tel. exchange, inc.,l=Hospers IA 51238, Date:3/22/2017</div> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>David Raak</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-752-8100</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351202</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HUBBARD COOP. TEL. ASSN.</u> | | | | | |
| Signature of authorized officer or employee David Lowe | | | | <div style="font-size: small;">Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop. tel. assn.,l=Hubbard IA 50122-0428, Date:3/27/2017</div> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>David Lowe</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-864-2216</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351203</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HUXLEY COMMUNICATIONS COOPERATIVE</u> | | | | | |
| Signature of authorized officer or employee Gary Clark | | | | <div style="font-size: small;">Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley communications cooperative,I=Huxley IA 50124-0036, Date:3/27/2017</div> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Gary Clark</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager and Executive VP</u> | | | | | |
| Telephone number of authorized officer or employee: <u>515-597-2281</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351205</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>IAMO TEL. CO.-IA</u> | | | | | |
| Signature of authorized officer or employee Jack Jones | | | | Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel. co.-ia,lc=Coin IA 51636, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Jack Jones</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-583-3232</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351206</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FMTC-I35, INC.</u> | | | | | |
| Signature of authorized officer or employee Jennifer Garrels | | | | Digitally signed by Jennifer Garrels DN:cn=Jennifer Garrels,email=jgarrels@interstatecom.com,O=fmtc-i35, inc.,l=Truro IA 50257-0229, Date:3/23/2017 Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Jennifer Garrels</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-765-4201</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351209</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KALONA COOP. TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Casey Peck | | | | <div style="font-size: small;">Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey.peck@kctc.net,O=kalona coop. tel. co.,l=Kalona IA 52247-1208, Date:3/26/2017</div> | |
| Date: <u>3/26/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Casey Peck</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-656-3668</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351214</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier

Keystone Energy Services Co

Signature of authorized officer or employee

Byron Kimm

Date

5-12-17

Printed name of authorized officer or employee

Byron Kimm

Title or position of authorized officer or employee

GM

Telephone number of authorized officer or employee:

(319) 442-3241, ext.

Study Area Code of Reporting Carrier

351217

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LA PORTE CITY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Chris Hopp | | | | <small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=la porte city tel. co.,l=Elkader IA 52043, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Chris Hopp</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>563-245-4480</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351220</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LEHIGH VALLEY COOP. TEL. ASSN.</u> | | | | | |
| Signature of authorized officer or employee Jim Suchan | | | | <small>Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop. tel. assn.,l=Lehigh IA 50543, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Jim Suchan</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Executive Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>515-359-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351225</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LOST NATION-ELWOOD TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Jan Muhl | | | | <div style="font-size: small;">Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood tel. co.,l=Lost Nation IA 52254, Date:3/22/2017</div> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Jan Muhl</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>563-678-2470</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351229</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LYNNVILLE TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Gary Neill | | | | Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=lynnville telephone company,l=Lincoln NE 68502, Date:3/26/2017 | |
| Date: <u>3/26/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Gary Neill</u> | | | | | |
| Title or position of authorized officer or employee: <u>Consultant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-477-1354</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351232</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

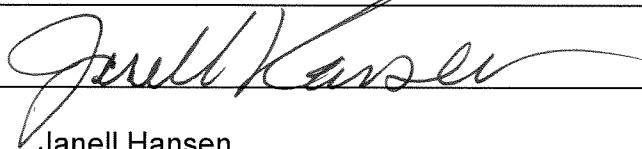
| | | | | | |
|--|---------------|--|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MARNE & ELK HORN TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Janell Hansen</u> | | | | Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=marne & elk horn tel. co.,l=Elk Horn IA 51531, Date:3/27/2017 | Date: <u>3/27/2017</u> |
| Printed name of authorized officer or employee: <u>Janell Hansen</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-764-6161</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351237</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Marne & Elk Horn Telephone Company**

Signature of authorized officer or employee



Date

08/07/2017

Printed name of authorized officer or employee

Janell Hansen

Title or position of authorized officer or employee

CEO

Telephone number of authorized officer or employee: (712) 764 - 6161 , ext.

Study Area Code of Reporting Carrier

351237

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

August 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MILES COOP. TEL. ASSN.</u> | | | | | |
| Signature of authorized officer or employee Debra Chrest | | | | <small>Digitally signed by Debra Chrest DN:cn=Debra Chrest,email=milestele@netins.net,O=miles coop. tel. assn.,l=Miles IA 52064-0280, Date:3/20/2017</small> Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>Debra Chrest</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary/Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>563-682-7111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351242</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|--|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MINBURN TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Debra Lucht | | | | Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel. co.,l=Minburn IA 50167, Date:3/28/2017 | |
| | | | | Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Debra Lucht</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/Assistant Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>515-677-2264</u> | | | | | |
| Study Area Code of Reporting Carrier | | <u>351245</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MINERVA VALLEY TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Levi Bappe | | | | <div style="font-size: small;">Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvitv@netins.net,O=minerva valley tel. co., inc.,l=Zearing IA 50278-0176, Date:3/23/2017</div> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Levi Bappe</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-487-7399</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351246</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MEDIAPOLIS TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Angie Rupe</u> | | | | <div style="font-size: small;">Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel. co.,l=Mediapolis IA 52637, Date:3/28/2017</div> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Angie Rupe</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-394-3456</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351251</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MUTUAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Ryan Boone | | | | <div style="font-size: small;">Digitally signed by Ryan Boone DN:cn=Ryan Boone,email=rboone@mypremieronline.com,O=mutua I tel. co.,l=Sioux Center IA 51250, Date:3/29/2017</div> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Ryan Boone</u> | | | | | |
| Title or position of authorized officer or employee: <u>COO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-722-3451</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351252</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NORTHERN IOWA TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Ryan Boone | | | | Digitally signed by Ryan Boone DN:cn=Ryan Boone,email=rboone@mypremieronline.com,O=northern iowa tel. co.,l=Sioux Center IA 51250, Date:3/29/2017 | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Ryan Boone</u> | | | | | |
| Title or position of authorized officer or employee: <u>COO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-722-3451</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351259</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>COMMUNICATIONS 1 NETWORK, INC.</u> | | | | | |
| Signature of authorized officer or employee Randy Yeakel | | | | Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=communications 1 network, inc.,l=Kanawha IA 50447, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Randy Yeakel</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/ Director</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-762-3772</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351262</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>OGDEN TEL. CO.-IA</u> | | | | | |
| Signature of authorized officer or employee Gary Clark | | | | <div style="font-size: small;">Digitally signed by Gary Clark DN:cn=Gary Clark,email=ogdentelgary@netins.net,O=ogden tel. co.-ia,I=Ogden IA 50212, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Gary Clark</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>515-275-2050</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351263</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PALO COOPERATIVE TELEPHONE ASSOCIATION</u> | | | | | |
| Signature of authorized officer or employee Mark Harvey | | | | <small>Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=ctcmanager@netins.net,O=palo cooperative telephone association,l=Dysart IA 52224-0280, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Mark Harvey</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-476-7800</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351269</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PALMER MUTUAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Steve Trimble | | | | <small>Digitally signed by Steve Trimble DN:cn=Steve Trimble,email=trimble@palmerone.com,O=palmer mutual tel. co.,l=Palmer IA 50571, Date:3/20/2017</small> Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>Steve Trimble</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-359-2411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351270</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PANORA COMMUNICATIONS COOPERATIVE</u> | | | | | |
| Signature of authorized officer or employee <u>Andrew Randol</u> | | | | Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora communications cooperative,l=Panora IA 50216, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Andrew Randol</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Executive Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-755-2424</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351271</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PRAIRIEBURG TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee <u>LaRae Reichenauer</u> | | | | Digitally signed by LaRae Reichenauer DN: cn=LaRae Reichenauer, email=prbgtele@netins.net, O=prairieburg tel. co. inc. l=Prairieburg IA 52219-8826 Date: <u>3/21/2017</u> | |
| Printed name of authorized officer or employee: <u>LaRae Reichenauer</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary/Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-437-3611</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351275</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PRESTON TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Roger Kilburg | | | | <div style="font-size: small;">Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestonel.com,O=preston tel. co.,l=Preston IA 52069-0167, Date:3/28/2017</div> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Roger Kilburg</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager/Secretary-Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>563-689-3811</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351276</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>RADCLIFFE TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employe Edwin Drake | | | | Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@netins.net,O=radcliffe tel. co., inc.,l=Radcliffe IA 50230-0140, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Edwin Drake</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>515-899-2341</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351277</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|---|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>READLYN TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Sharon Huck</u> | | | | Digitally signed by Sharon Huck DN:cn=Sharon Huck,email=readlyn@netins.net,O=readlyn tel. co.,I=Readlyn IA 50668-0159, Date:3/27/2017 | |
| | | | | Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Sharon Huck</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-279-3375</u> | | | | | |
| Study Area Code of Reporting Carrier | | <u>351278</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>RINGSTED TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Aaron McCartan | | | | <small>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringstelco.com,O=ringsted tel. co.,l=Ringsted IA 50578, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Aaron McCartan</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-866-8000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351280</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ROYAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee John Noah | | | | Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel. co.,l=Royal IA 51357, Date:3/22/2017 Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>John Noah</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CCO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-933-2615</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351283</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>RIVER VALLEY TELECOMMUNICATIONS COOP-RUTHVEN</u> | | | | | |
| Signature of authorized officer or employee <u>Ivan Dalen</u> | | | | <small>Digitally signed by Ivan Dalen DN:cn=Ivan Dalen,email=idalen@rvtc.net,O=river valley telecommunications coop-ruthven,l=Graettinger IA 51342 Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Ivan Dalen</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-859-3300</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351284</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SEARSBORO TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Gary Neill | | | | Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=searsboro tel. co.,l=Lincoln NE 68502, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Gary Neill</u> | | | | | |
| Title or position of authorized officer or employee: <u>Consultant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-477-1354</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351292</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SHARON TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Robert Schneider, Jr.</u> | | | | <div style="font-size: small;"> Digitally signed by Robert Schneider, Jr. DN: cn=Robert Schneider, Jr. , email=sharontc@sharontc.net, O=sharon tel. co. l=Hills IA 52235 Date: 3/23/2017 </div> | |
| Printed name of authorized officer or employee: <u>Robert Schneider, Jr.</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-679-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351293</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|---|--|------------------------|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HEART OF IOWA COMMUNICATIONS COOP.</u> | | | | | |
| Signature of authorized officer or employe | | Bryan Amundson <small>Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa communications coop.,l=Union IA 50258-0130, Date:3/23/2017</small> | | Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Bryan Amundson</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-486-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351297</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SOUTH SLOPE COOP. TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Chuck Deisbeck | | | | Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop. tel. co.,l=North Liberty IA 52317, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Chuck Deisbeck</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-626-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351298</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FMTC-I35, INC. (SWT)</u> | | | | | |
| Signature of authorized officer or employee <u>Jennifer Garrels</u> | | | | <small>Digitally signed by Jennifer Garrels DN:cn=Jennifer Garrels,email=jgarrels@interstatecom.com,O=fmtc-i35, inc. (swt),l=Truro IA 50257-0229, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Jennifer Garrels</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-765-4201</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351301</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SPRINGVILLE COOP. TEL. ASSN.</u> | | | | | |
| Signature of authorized officer or employee <u>Jean Schilling</u> | | | | Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvl@netins.net,O=springville coop. tel. assn.,l=Springville IA 52336-0009, Date:3/20/2017 | |
| Date: <u>3/20/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Jean Schilling</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-854-6107</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351302</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>COOPERATIVE TEL. EXCHANGE</u> | | | | | |
| Signature of authorized officer or employee Roger Anderson | | | | Digitally signed by Roger Anderson DN:cn=Roger Anderson,email=cooptelx@netins.net,O=cooperative tel. exchange,l=Stanhope IA 50246-0095, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Roger Anderson</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>515-826-3206</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351303</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SOUTH SLOPE COOP TEL CO-SWISHER</u> | | | | | |
| Signature of authorized officer or employee Chuck Deisbeck | | | | Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop tel co-swisher,l=North Liberty IA 52317 Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Chuck Deisbeck</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-626-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351304</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>STRATFORD MUTUAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Jen Frank</u> | | | | Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel. co.,l=Stratford IA 50249, Date:3/20/2017 | |
| Date: <u>3/20/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Jen Frank</u> | | | | | |
| Title or position of authorized officer or employee: <u>Assistant Secretary/Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>515-838-2390</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351305</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SULLY TEL. ASSOC.</u> | | | | | |
| Signature of authorized officer or employee Earl "Jack" De Angelo | | | | <div style="font-size: small;">Digitally signed by Earl "Jack" De Angelo DN:cn=Earl "Jack" De Angelo,email=jackd@sullytel.com,O=sully tel. assoc.,l=Sully IA 50251, Date:3/23/2017</div> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Earl "Jack" De Angelo</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-594-2905</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351306</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>UNITED FARMERS TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Roxanne White | | | | <small>Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel. co.,l=Every IA 51338, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Roxanne White</u> | | | | | |
| Title or position of authorized officer or employee: <u>Executive Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-834-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351316</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>VAN HORNE COOP. TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Kerry Less | | | | Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop. tel. co.,l=Van Horne IA 52346-0096, Date:3/28/2017 Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Kerry Less</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO - Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-228-8791</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351320</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>VENTURA TEL. CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Doug Klein | | | | <small>Digitally signed by Doug Klein DN:cn=Doug Klein,email=dougklein@ctel.com,O=ventura tel. co., inc.,l=Clear Lake IA 50428, Date:3/25/2017</small> Date: <u>3/25/2017</u> | |
| Printed name of authorized officer or employee: <u>Doug Klein</u> | | | | | |
| Title or position of authorized officer or employee: <u>Senior Accountant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>641-357-2111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351322</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>VILLISCA FARMERS TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Kevin Cabbage | | | | <small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel. co.,l=Stanton IA 51573-0220, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Kevin Cabbage</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-829-2111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351324</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WALNUT TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Janell Hansen</u> | | | | <small>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=walnut tel. co.,l=Walnut IA 51577, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Janell Hansen</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-784-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351326</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

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

Signature of authorized officer or employee *Janell Hansen* Date **08/07/2017**

Printed name of authorized officer or employee **Janell Hansen**

Title or position of authorized officer or employee **CEO**

Telephone number of authorized officer or employee: (712) 764 - 6161 , ext.

| | | | |
|--------------------------------------|---------------|--|--------------------|
| Study Area Code of Reporting Carrier | 351326 | Filing Due Date for this form (mm/dd/yyyy) | August 2017 |
|--------------------------------------|---------------|--|--------------------|

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WEBB-DICKENS TEL. CORP.</u> | | | | | |
| Signature of authorized officer or employee Ryan Boone | | | | Digitally signed by Ryan Boone DN:cn=Ryan Boone,email=rboone@mypremieronline.com,O=webb-dickens tel. corp.,l=Sioux Center IA 51250, Date:3/29/2017 | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Ryan Boone</u> | | | | | |
| Title or position of authorized officer or employee: <u>COO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-722-3451</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351327</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
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APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WEBSTER-CALHOUN COOP. TEL. ASSN.</u> | | | | | |
| Signature of authorized officer or employee Daryl Carlson | | | | <div style="font-size: small;">Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop. tel. assn.,l=Gowrie IA 50543-0475, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Daryl Carlson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Executive Vice President/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>515-352-3151</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351328</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Webster-Calhoun Cooperative Telephone Association**

Signature of authorized officer or employee

Marcie Boerner

Date

8-8-2017

Printed name of authorized officer or employee

Marcie Boerner

Title or position of authorized officer or employee

Office Manager

Telephone number of authorized officer or employee: (515) 352 - 3151 , ext.

Study Area Code of Reporting Carrier

351328

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

August 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WELLMAN COOP. TEL. ASSN.</u> | | | | | |
| Signature of authorized officer or employee Jayne Hochstedler | | | | Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop. tel. assn.,l=Wellman IA 52356-0170, Date:3/22/2017 | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Jayne Hochstedler</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>319-646-6075</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351329</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WEST IOWA TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Robert Gannon | | | | <div style="font-size: small;">Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel. co.,l=Remsen IA 51050-0330, Date:3/22/2017</div> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Robert Gannon</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Executive Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-786-5572</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351331</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WEST LIBERTY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Lane Bailey | | | | Digitally signed by Lane Bailey DN:cn=Lane Bailey,email=bailey@corp.lcom.net,O=west liberty tel. co.,l=West Liberty IA 52776, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Lane Bailey</u> | | | | | |
| Title or position of authorized officer or employee: | | | | | |
| Telephone number of authorized officer or employee: <u>319-627-2145</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351332</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

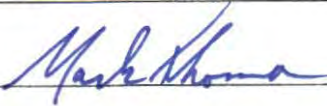
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WILTON TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Stacie Harris | | | | <div style="font-size: small;">Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilt on tel. co.,l=Wilton IA 52778-0970, Date:3/30/2017</div> Date: <u>3/30/2017</u> | |
| Printed name of authorized officer or employee: <u>Stacie Harris</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>563-732-3000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351336</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Winnebago Cooperative Telecom Association</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/24/2017</u> |
| Printed name of authorized officer or employee <u>Mark Thoma</u> | | | |
| Title or position of authorized officer or employee <u>General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>641</u>) <u>592</u> - <u>6105</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>351337</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ACE TEL. ASSN.-IA</u> | | | | | |
| Signature of authorized officer or employee Cynthia Sweet | | | | Digitally signed by Cynthia Sweet DN:cn=Cynthia Sweet,email=csweet@acecomgroup.com,O=ace tel. assn.-ia,l=Houston MN 55943-0360, Date:3/23/2017 Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Cynthia Sweet</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-896-6211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351346</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALLIANCE COMM. COOPERATIVE, INC.-HILLS IA</u> | | | | | |
| Signature of authorized officer or employe Linda Bieber | | | | Digitally signed by Linda Bieber DN:cn=Linda Bieber,email=linda@alliancecom.net,O=alliance comm. cooperative, inc.-hills ia,=Garretson SD 57030. Date:3/29/2017 | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Linda Bieber</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Assistant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-594-3411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351405</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KILLDUFF TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee <u>Gary Neill</u> | | | | Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=killduff telephone company,l=Lincoln NE 68502, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Gary Neill</u> | | | | | |
| Title or position of authorized officer or employee: <u>Consultant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-477-1354</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351407</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 0725-0097
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|--|--|---|--|---------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>Grand River Mutual Telephone Corporation</u> | | | | |
| Signature of authorized officer or employee <u>Mark Yungeberg</u> | | | | Date <u>3-27-17</u> |
| Printed name of authorized officer or employee <u>Mark Yungeberg</u> | | | | |
| Title or position of authorized officer or employee <u>Vice President</u> | | | | |
| Telephone number of authorized officer or employee: (<u>660</u>) <u>748</u> - <u>3231</u> , ext. _____ | | | | |
| Study Area Code of Reporting Carrier <u>351888</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Winnebago Cooperative Telecom Association</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/24/2017</u> |
| Printed name of authorized officer or employee <u>Mark Thoma</u> | | | |
| Title or position of authorized officer or employee <u>General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>641</u>) <u>592</u> - <u>6105</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>361337</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ACE TEL. ASSN.-MN</u> | | | | | |
| Signature of authorized officer or employee Cynthia Sweet | | | | Digitally signed by Cynthia Sweet DN:cn=Cynthia Sweet,email=csweet@acecomgroup.com,O=ace tel. assn.-mn,l=Houston MN 55943-0360, Date:3/23/2017 Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Cynthia Sweet</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-896-6211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361346</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALBANY MUTUAL TEL. ASSN., INC.</u> | | | | | |
| Signature of authorized officer or employee Laura Ostendorf | | | | Digitally signed by Laura Ostendorf DN:cn=Laura Ostendorf,email=laura@albanytel.com,O=albany mutual tel. assn., inc.,l=Albany MN 56307, Date:3/22/2017 | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Laura Ostendorf</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>320-845-4323</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361347</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CITY OF BARNESVILLE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Guy Swenson | | | | Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=gswenson@bvillemn.net,O=city of barnesville tel. co.,l=Barnesville MN 56514, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Guy Swenson</u> | | | | | |
| Title or position of authorized officer or employee: <u>TEC Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>218-354-2292</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361353</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BENTON COOP. TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Cheryl Scapanski</u> | | | | Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop. tel. co.,l=Rice MN 56367-9701, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Cheryl Scapanski</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>320-393-2115</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361356</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CONSOLIDATED TEL. CO.-MN</u> | | | | | |
| Signature of authorized officer or employee Mark Roach | | | | Digitally signed by Mark Roach DN:cn=Mark Roach,email=mark.roach@ctctelcom.net,O=consolidated tel. co.-mn,l=Brainerd MN 56401-0972, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mark Roach</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>218-454-1104</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361373</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>EMILY COOP. TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Josh Netland | | | | <div style="font-size: small;">Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:3/24/2017</div> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Josh Netland</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>218-763-3000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361387</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FARMERS MUTUAL TEL. CO.-BELLINGHAM</u> | | | | | |
| Signature of authorized officer or employee Kevin Beyer | | | | Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel. co.-bellingham,j=Bellingham MN 56212, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Kevin Beyer</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>320-568-2105</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361389</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FEDERATED TEL. COOP.</u> | | | | | |
| Signature of authorized officer or employee Kevin Beyer | | | | Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:3/28/2017 | Date: <u>3/28/2017</u> |
| Printed name of authorized officer or employee: <u>Kevin Beyer</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>320-324-7111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361390</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GARDEN VALLEY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employe Mark Klinkhammer | | | | Digitally signed by Mark Klinkhammer DN:cn=Mark Klinkhammer,email=mark.klinkhammer@gvtel.net,O=garden valley tel. co.,l=Erskine MN 56535, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mark Klinkhammer</u> | | | | | |
| Title or position of authorized officer or employee: <u>Finance Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>218-687-2400</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361395</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GARDONVILLE COOP. TEL. ASSN.</u> | | | | | |
| Signature of authorized officer or employee Brad Kirckof | | | | Digitally signed by Brad Kirckof DN:cn=Brad Kirckof,email=bkirckof@gardonville.net,O=gardonville coop. tel. assn.,l=Brandon MN 56315, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Brad Kirckof</u> | | | | | |
| Title or position of authorized officer or employee: <u>Buisness Services Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>320-524-4170</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361396</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HALSTAD TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Mark Forseth | | | | Digitally signed by Mark Forseth DN:cn=Mark Forseth ,email=markforseth@rrv.net,O=halstad tel. co.,l=Halstad MN 56548-0055, Date:3/24/2017 Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Mark Forseth</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>218-456-2125</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361401</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FEDERATED TELEPHONE COOPERATIVE</u> | | | | | |
| Signature of authorized officer or employee Kevin Beyer | | | | Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated telephone cooperative,l=Chokio MN 56221, Date:3/28/2017 | Date: <u>3/28/2017</u> |
| Printed name of authorized officer or employee: <u>Kevin Beyer</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>320-324-7111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361403</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HARMONY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee <u>Jill Fishbaugher</u> | | | | <div style="font-size: small;">Digitally signed by Jill Fishbaugher DN:cn=Jill Fishbaugher,email=jill@harmonytel.com,O=harmony tel. co.,l=Harmony MN 55939-0308, Date:3/23/2017</div> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Jill Fishbaugher</u> | | | | | |
| Title or position of authorized officer or employee: <u>VP of Operations</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-886-2525</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361404</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALLIANCE COMM. COOPERATIVE, INC.-HILLS MN</u> | | | | | |
| Signature of authorized officer or employee Linda Bieber | | | | Digitally signed by Linda Bieber DN:cn=Linda Bieber,email=linda@alliancecom.net,O=alliance comm. cooperative, inc.-hills mn,j=Garretson SD 57030 Date:3/29/2017 | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Linda Bieber</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Assistant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-594-3411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361405</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>JOHNSON TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee <u>Donna Gunderson</u> | | | | Digitally signed by Donna Gunderson DN:cn=Donna Gunderson,email=jtcbusiness@jtc-co.net,O=johnson telephone company,l=Remer MN 56672, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Donna Gunderson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Corporate Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>218-566-2302</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361410</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KASSON & MANTORVILLE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employe Beth Tollefson | | | | Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson & mantorville tel. co.,l=Kasson MN 55944-1491, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Beth Tollefson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-634-2511</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361412</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LISMORE COOPERATIVE TELEPHONE CO.</u> | | | | | |
| Signature of authorized officer or employee Tarri Joens | | | | <small>Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretel.com,O=lismore cooperative telephone co.,l=Lismore MN 56155-0127, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Tarri Joens</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-472-8748</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361419</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
 FCC Form 508
 APPENDIX A
 OMB Control No. 3060-0972

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|---|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Lonsdale Telephone Co., Inc.</u> | | | |
| Signature of authorized officer or employee <u>Bonnie Simon</u> | | | Date <u>03/24/2017</u> |
| Printed name of authorized officer or employee <u>Bonnie Simon</u> | | | |
| Title or position of authorized officer or employee <u>President</u> | | | |
| Telephone number of authorized officer or employee: (<u>507</u>) <u>744</u> - <u>2311</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>361422</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. §§ 802, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
FCC Form 508
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 4

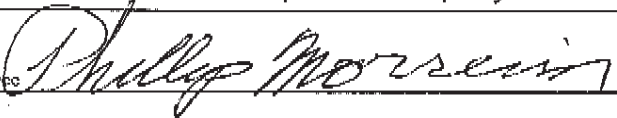
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Runestone Telephone Association</u> | | | |
| Signature of authorized officer or employee <u>John M. Kapphahn</u> | | | Date <u>3/24/2017</u> |
| Printed name of authorized officer or employee <u>John Kapphahn</u> | | | |
| Title or position of authorized officer or employee <u>Secretary/Treasurer</u> | | | |
| Telephone number of authorized officer or employee: (<u>320</u>) <u>986</u> - <u>2013</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>361423</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOIC Form 508
 OMB Control No. 3060-0972
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Manchester-Hartland Telephone Company</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/24/2017</u> |
| Printed name of authorized officer or employee <u>Phillip Morreim</u> | | | |
| Title or position of authorized officer or employee <u>President</u> | | | |
| Telephone number of authorized officer or employee: (<u>507</u>) <u>826</u> - <u>3212</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>361426</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

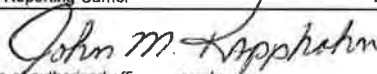
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PAUL BUNYAN RURAL TEL. COOP.</u> | | | | | |
| Signature of authorized officer or employee Dave Schultz | | | | Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural tel. coop.,l=Bemidji MN 56601, Date:3/21/2017 | |
| Date: <u>3/21/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Dave Schultz</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>218-444-1141</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361451</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
FCC Form 508
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--------|--|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Runestone Telephone Association</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>3/24/2017</u> |
| Printed name of authorized officer or employee <u>John Kapphahn</u> | | | |
| Title or position of authorized officer or employee <u>Secretary/Treasurer</u> | | | |
| Telephone number of authorized officer or employee: (<u>320</u>) <u>986</u> - <u>2013</u> , ext. | | | |
| Study Area Code of Reporting Carrier | 361475 | Filing Due Date for this form (mm/dd/yyyy) | 3/31/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3080-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Scott Rice Telephone Company</u> | | | |
| Signature of authorized officer or employee  | | Date <u>3/21/17</u> | |
| Printed name of authorized officer or employee <u>Mark Roskopf</u> | | | |
| Title or position of authorized officer or employee <u>VP Treasury & Tax</u> | | | |
| Telephone number of authorized officer or employee: (<u>360</u>) <u>558</u> - <u>4229</u> , ext. | | | |
| Study Area Code of Reporting Carrier <u>361479</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SPRING GROVE COMMUNICATIONS</u> | | | | | |
| Signature of authorized officer or employee Craig Otterness | | | | <small>Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove communications,l=Spring Grove MN 55974-0516, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Craig Otterness</u> | | | | | |
| Title or position of authorized officer or employee: <u>GM/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-498-3456</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361485</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
 OMB Control Number 0972-0060
 APPENDIX C
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|---|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Upsala Cooperative Telephone Association</u> | | | |
| Signature of authorized officer or employee <u>Melissa Tschida</u> | | | Date <u>03/24/2017</u> |
| Printed name of authorized officer or employee <u>Melissa Tschida</u> | | | |
| Title or position of authorized officer or employee <u>Accountant</u> | | | |
| Telephone number of authorized officer or employee: (<u>320</u>) <u>573</u> - <u>1390</u> , ext. <u>1100</u> | | | |
| Study Area Code of Reporting Carrier | <u>361494</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | |

| | | | |
|---------------------------|---------|---------------------|-----------------------|
| Post-it® Fax Note | 7671 | Date <u>3-24-17</u> | # of pages ▶ <u>1</u> |
| To | From | | |
| Co./Dept. | Co. | | |
| Phone # | Phone # | | |
| Fax # <u>800-367-5058</u> | Fax # | | |

Certification-Agent

Transmittal No. 1519

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TRI-CO TECHNOLOGIES, LLC DBA CROSSLAKE COMM.</u> | | | | | |
| Signature of authorized officer or employee Josh Netland | | | | Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=tri-co technologies, llc dba crosslake comm.,l=Emily MN 56447 Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Josh Netland</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>218-763-3000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361499</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WEST CENTRAL TELEPHONE ASSN.</u> | | | | | |
| Signature of authorized officer or employee <u>Jennifer Grewe</u> | | | | <small>Digitally signed by Jennifer Grewe DN:cn=Jennifer Grewe,email=jenniferg@wcta.net,O=west central telephone assn.,l=Menahga MN 56464, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Jennifer Grewe</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>218-837-6023</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361501</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WOODSTOCK TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Terry Nelson | | | | <div style="font-size: small;">Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock telephone company,l=Ruthon MN 56170, Date:3/23/2017</div> | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Terry Nelson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Operations Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>507-658-3830</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>361510</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|--|--|---|------------------------|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>Wolverton Telephone Co</u> | | | | |
| Signature of authorized officer or employee  | | | Date <u>03/22/2017</u> | |
| Printed name of authorized officer or employee <u>Karl Blake</u> | | | | |
| Title or position of authorized officer or employee <u>Executive Vice President</u> | | | | |
| Telephone number of authorized officer or employee: (<u>701</u>) <u>284</u> - <u>7221</u> , ext. | | | | |
| Study Area Code of Reporting Carrier <u>361512</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ARAPAHOE TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee <u>John Koller</u> | | | | Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe telephone company,l=Arapahoe NE 68922, Date:3/22/2017 | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>John Koller</u> | | | | | |
| Title or position of authorized officer or employee: <u>VP Operations</u> | | | | | |
| Telephone number of authorized officer or employee: <u>308-962-7298</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371516</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>THREE RIVER TELCO</u> | | | | | |
| Signature of authorized officer or employee <u>Neil Classen</u> | | | | <div style="font-size: small;">Digitally signed by Neil Classen DN:cn=Neil Classen,email=neil@threeriver.net,O=three river telco,l=Lynch NE 68746-0066, Date:3/24/2017</div> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Neil Classen</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-569-2666</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371525</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
VOLUME 1
OMB Control No. 3060-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Cambridge Telephone Company</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/28/2017</u> |
| Printed name of authorized officer or employee <u>J. Thomas Shoemaker</u> | | | |
| Title or position of authorized officer or employee <u>Executive Vice President</u> | | | |
| Telephone number of authorized officer or employee: (<u>308</u>) <u>697</u> - <u>3333</u> , ext. _____ | | | |
| Study Area Code of Reporting Carrier | <u>371526</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CLARKS TELECOMMUNICATIONS CO.</u> | | | | | |
| Signature of authorized officer or employee Patrick McElroy | | | | Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=clarks telecommunications co.,l=Jackson NE 68743, Date:3/28/2017 | Date: <u>3/28/2017</u> |
| Printed name of authorized officer or employee: <u>Patrick McElroy</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-632-4321</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371531</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>COZAD TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Marcus Young | | | | Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad telephone company,l=Cozad NE 69130, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Marcus Young</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>308-784-4044</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371534</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DILLER TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee <u>Loren Duerksen</u> | | | | Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller telephone company,l=Diller NE 68343, Date:3/22/2017 | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Loren Duerksen</u> | | | | | |
| Title or position of authorized officer or employee: <u>Director of Operations</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-793-5330</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371540</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GLENWOOD TELEPHONE MEMBERSHIP CORP.</u> | | | | | |
| Signature of authorized officer or employee Stanley Rouse | | | | Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood telephone membership corp.,l=Blue Hill NE 68930, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Stanley Rouse</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-756-3131</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371553</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

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EXF001 Form 508

OMB Control No. 3060-0972

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: National Exchange Carrier Association, Inc.

Name of Reporting Carrier: Hamilton Telephone Company

Signature of authorized officer or employee

John Nelson

Date

3-27-17

Printed name of authorized officer or employee

President

Title or position of authorized officer or employee

Telephone number of authorized officer or employee: (402) 694 , 5101 , ext.

Study Area Code of Reporting Carrier

371555

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

3/31/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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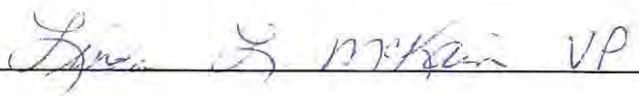
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HARTINGTON TELECOMMUNICATIONS CO., INC.</u> | | | | | |
| Signature of authorized officer or employee Mike Becker | | | | Digitally signed by Mike Becker DN:cn=Mike Becker,email=mbecker@hartel.net,O=hartington telecommunications co., inc.,l=Hartington NE 68739-0157 Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mike Becker</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-254-3901</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371556</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control Number 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Hartman Telephone Exchanges, Inc.</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/28/2017</u> |
| Printed name of authorized officer or employee <u>Linda L McKain</u> | | | |
| Title or position of authorized officer or employee <u>Vice President</u> | | | |
| Telephone number of authorized officer or employee: (<u>308</u>) <u>423</u> - <u>2000</u> , ext. | | | |
| Study Area Code of Reporting Carrier <u>371557</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--------------------|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HEMINGFORD COOP. TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee | | <u>Tonya Mayer</u> | | Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop. telephone company,l=Hemingford NE 69348-0246, Date:3/23/2017 | Date: <u>3/23/2017</u> |
| Printed name of authorized officer or employee: <u>Tonya Mayer</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>308-487-3311</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371558</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HENDERSON CO-OP TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Matt Friesen | | | | <div style="font-size: small;">Digitally signed by Matt Friesen DN:cn=Matt Friesen,email=mrfriesen@mainstaycomm.net,O=henderson co-op telephone company,l=Henderson NE 68371 Date:3/22/2017</div> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Matt Friesen</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-723-4448</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371559</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HERSHEY COOPERATIVE TELEPHONE CO</u> | | | | | |
| Signature of authorized officer or employee Rex Woolley | | | | <small>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey cooperative telephone co,l=Hershey NE 69143, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Rex Woolley</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager & CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>308-368-5561</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371561</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GLENWOOD NETWORK SERVICES, INC.</u> | | | | | |
| Signature of authorized officer or employee Stanley Rouse | | | | <small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood network services, inc.,I=Blue Hill NE 68930, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Stanley Rouse</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-756-3131</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371567</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NORTHEAST NEBRASKA TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Patrick McElroy | | | | <small>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=northeast nebraska telephone company,l=Jackson NE 68743, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Patrick McElroy</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-632-4321</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371576</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PLAINVIEW TELEPHONE COMPANY INC.</u> | | | | | |
| Signature of authorized officer or employee Grant Dummer | | | | Digitally signed by Grant Dummer DN:cn=Grant Dummer,email=gdummer@plvwtelco.net,O=plainview telephone company inc.,l=Plainview NE 68769-0117, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Grant Dummer</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-582-4242</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371582</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
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OMB Control No. 3060-0972

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Sodtoun Telephone Company

Signature of authorized officer or employee



Date 03/24/2017

Printed name of authorized officer or employee Michael Plautz

Title or position of authorized officer or employee Secretary

Telephone number of authorized officer or employee: (308) 467 - 2310 , ext.

Study Area Code of Reporting Carrier

371590

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

3/31/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SOUTHEAST NEBRASKA COMMUNICATIONS, INC.</u> | | | | | |
| Signature of authorized officer or employee <u>Ray Joy</u> | | | | Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=southeast nebraska communications, inc.,l=Falls City NE 68355, Date:3/22/2017 | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Ray Joy</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-245-4451</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371591</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

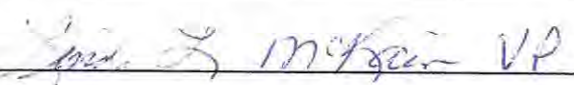
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>STANTON TELECOM INC.</u> | | | | | |
| Signature of authorized officer or employee Robert Paden | | | | <div style="font-size: small;">Digitally signed by Robert Paden DN:cn=Robert Paden,email=rjpaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:3/27/2017</div> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Robert Paden</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>402-439-2264</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>371592</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3000-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Wauneta Telephone Company</u> | | | |
| Signature of authorized officer or employee <u></u> | | | Date <u>03/28/2017</u> |
| Printed name of authorized officer or employee <u>Linda L McKain</u> | | | |
| Title or position of authorized officer or employee <u>Vice President</u> | | | |
| Telephone number of authorized officer or employee: (<u>308</u>) <u>423</u> - <u>2000</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>371597</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

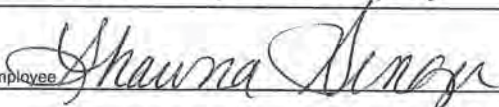
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BENKELMAN TELEPHONE COMPANY INC.</u> | | | | | |
| Signature of authorized officer or employee <u>Linda McKain</u> | | | | Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=benkelman telephone company inc.,l=Benkelman NE 69021, Date:3/29/2017 | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Linda McKain</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>308-423-5607</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>372455</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1 of Form 508
 OMB Control No. 3090-0972
 APPENDIX C
 EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|--|--|---|------------------------|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>North Dakota Telephone Company</u> | | | | |
| Signature of authorized officer or employee  | | | Date <u>03/28/2017</u> | |
| Printed name of authorized officer or employee <u>Shawna Senger</u> | | | | |
| Title or position of authorized officer or employee <u>Chief Financial Officer</u> | | | | |
| Telephone number of authorized officer or employee: (<u>701</u>) <u>662</u> - <u>1100</u> , ext. <u>6428</u> | | | | |
| Study Area Code of Reporting Carrier <u>381447</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</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. | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control Number 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Wolverton Telephone Co</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/22/2017</u> |
| Printed name of authorized officer or employee <u>Karl Blake</u> | | | |
| Title or position of authorized officer or employee <u>Executive Vice President</u> | | | |
| Telephone number of authorized officer or employee: (<u>701</u>) <u>284</u> - <u>7221</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>381509</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
VOLUME 1
OMB Control No. 3150-00972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>BEK Communications Cooperative</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/22/2017</u> |
| Printed name of authorized officer or employee <u>Derrick Bulawa</u> | | | |
| Title or position of authorized officer or employee <u>CEO</u> | | | |
| Telephone number of authorized officer or employee: (<u>701</u>) <u>475</u> - <u>1220</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>381604</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

| | | | |
|--|---|--|------------------------------------|
| <p align="center">Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA</p> <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.</p> | | | |
| <p>Name of Reporting Carrier Consolidated Telcom</p> | | | |
| <p>Signature of authorized officer or employee <i>Ken Weisenberger</i></p> | | | <p>Date 05/12/2017</p> |
| <p>Printed name of authorized officer or employee Ken Weisenberger</p> | | | |
| <p>Title or position of authorized officer or employee Chief Financial Officer</p> | | | |
| <p>Telephone number of authorized officer or employee: (701) 483 - 7376 , ext.</p> | | | |
| <p>Study Area Code of Reporting Carrier 381607</p> | <p>Filing Due Date for this form (mm/dd/yyyy) June 2017</p> | | |
| <p>Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

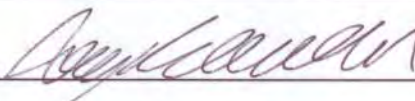
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DAKOTA CENTRAL TELECOMMUNICATIONS COOPERATIVE</u> | | | | | |
| Signature of authorized officer or employee Holly Utke | | | | <small>Digitally signed by Holly Utke DN:cn=Holly Utke,email=hollyu@daktel.net,O=dakota central telecommunications cooperative,l=Carrington ND 58421 Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Holly Utke</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>701-652-6134</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>381610</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Dickey Rural Telephone Cooperative**

Signature of authorized officer or employee 

Date **05/15/2017**

Printed name of authorized officer or employee **Troy Radermacher**

Title or position of authorized officer or employee **Accounting Manager**

Telephone number of authorized officer or employee: (701) 344 - 6061 , ext.

Study Area Code of Reporting Carrier

381611

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control Number 3080-0092
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Polar Communications Mutual Aid Corp</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/22/2017</u> |
| Printed name of authorized officer or employee <u>Karl Blake</u> | | | |
| Title or position of authorized officer or employee <u>GM/CEO</u> | | | |
| Telephone number of authorized officer or employee: (<u>701</u>) <u>284</u> - <u>7221</u> , ext. _____ | | | |
| Study Area Code of Reporting Carrier | <u>381614</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GRIGGS COUNTY TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Shelie Bunn | | | | <div style="font-size: small;">Digitally signed by Shelie Bunn DN:cn=Shelie Bunn,email=shelie.bunn@mlgc.net,O=griggs county telephone company,l=Enderlin ND 58027, Date:3/22/2017</div> | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Shelie Bunn</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>701-437-3300</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>381615</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MIDSTATE TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Ryan Wilhelmi | | | | Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate telephone company,l=Stanley ND 58784-0400, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Ryan Wilhelmi</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>701-628-2522</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>381617</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|---|--|------------------------|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GRIGGS COUNTY TEL. CO. (MOORE&LIBERTY)</u> | | | | | |
| Signature of authorized officer or employee | | Shelie Bunn <small>Digitally signed by Shelie Bunn DN:cn=Shelie Bunn,email=shelie.bunn@mgc.net,O=griggs county tel. co. (moore&liberty),l=Enderlin ND 58027, Date:3/22/2017</small> | | Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Shelie Bunn</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>701-437-3300</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>381622</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NORTHWEST COMMUNICATIONS COOPERATIVE</u> | | | | | |
| Signature of authorized officer or employee Todd Thompson | | | | <small>Digitally signed by Todd Thompson DN:cn=Todd Thompson,email=toddt@nccray.com,O=northwest communications cooperative, = , Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Todd Thompson</u> | | | | | |
| Title or position of authorized officer or employee: <u>NCC CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>701-568-8101</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>381625</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Polar Communications Mutual Aid Corp</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/22/2017</u> |
| Printed name of authorized officer or employee <u>Karl Blake</u> | | | |
| Title or position of authorized officer or employee <u>GM/CEO</u> | | | |
| Telephone number of authorized officer or employee: (<u>701</u>) <u>284</u> - <u>7221</u> , ext. _____ | | | |
| Study Area Code of Reporting Carrier | <u>381630</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|--|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM</u> | | | | | |
| Signature of authorized officer or employee <u>Jeffrey Olson</u> | | | | Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@redrivercomm.com,O=red river rural tel. assn. dba red river comm,l=Abercrombie ND 58001 Date:3/21/2017 | |
| | | | | Date: <u>3/21/2017</u> | |
| Printed name of authorized officer or employee: <u>Jeffrey Olson</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>701-553-8309</u> | | | | | |
| Study Area Code of Reporting Carrier | | <u>381631</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **RESERVATION TELEPHONE COOPERATIVE**

Signature of authorized officer or employee  Date **05/15/2017**

Printed name of authorized officer or employee **SHANE D HART**

Title or position of authorized officer or employee **CEO/GM**

Telephone number of authorized officer or employee: (**701**) **862** - **5229** , ext.

| | | | | | |
|--------------------------------------|---------------|--|--|------------------|--|
| Study Area Code of Reporting Carrier | 381632 | | Filing Due Date for this form (mm/dd/yyyy) | June 2017 | |
|--------------------------------------|---------------|--|--|------------------|--|

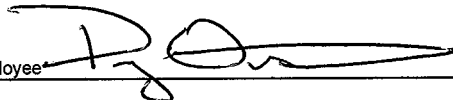
Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **United Telephone/Turtle Mountain Communications, Inc.**

Signature of authorized officer or employee



Date

05/16/2016

Printed name of authorized officer or employee

Perry Oster

Title or position of authorized officer or employee

General Manager/CEO

Telephone number of authorized officer or employee: (701) 256 - 5156 , ext. 102

Study Area Code of Reporting Carrier

381636

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WEST RIVER TELECOMMUNICATIONS COOPERATIVE</u> | | | | | |
| Signature of authorized officer or employee Troy Schilling | | | | <small>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative,l=Hazen ND 58545, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Troy Schilling</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>701-748-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>381637</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|---|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MIDSTATE COMMUNICATIONS INC.</u> | | | | | |
| Signature of authorized officer or employee <u>Ryan Wilhelmi</u> | | | | Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate communications inc.,l=Stanley ND 58784-0400, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Ryan Wilhelmi</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>701-628-2522</u> | | | | | |
| Study Area Code of Reporting Carrier | | <u>381638</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

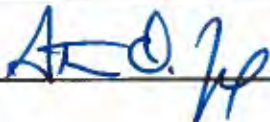
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NEMONT TELEPHONE COOPERATIVE - ND</u> | | | | | |
| Signature of authorized officer or employee Remi Sun | | | | Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont telephone cooperative - nd,l=Scobey MT 59263-0600, Date:3/29/2017 | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Remi Sun</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>406-783-2358</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>382247</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

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

Signature of authorized officer or employee  Date **05/12/2017**

Printed name of authorized officer or employee **Steve Lysne**

Title or position of authorized officer or employee **CEO/General Manager**

Telephone number of authorized officer or employee: (701) 858 - 5246 , ext.

| | | | |
|--------------------------------------|---------------|--|------------------|
| Study Area Code of Reporting Carrier | 383303 | Filing Due Date for this form (mm/dd/yyyy) | June 2017 |
|--------------------------------------|---------------|--|------------------|

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALLIANCE COMM. COOPERATIVE, INC.-HILLS SD</u> | | | | | |
| Signature of authorized officer or employee Linda Bieber | | | | <small>Digitally signed by Linda Bieber DN:cn=Linda Bieber,email=linda@alliancecom.net,O=alliance comm. cooperative, inc.-hills sd,l=Garretson SD 57030. Date:3/29/2017</small> | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Linda Bieber</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Assistant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-594-3411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391405</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GOLDEN WEST TELECOM COOP (ARMOUR)</u> | | | | | |
| Signature of authorized officer or employee Dennis Law | | | | <small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:3/24/2017</small> | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Dennis Law</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-279-2161</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391640</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALLIANCE COMM. COOPERATIVE, INC.-BAL TIC</u> | | | | | |
| Signature of authorized officer or employee Linda Biever | | | | <small>Digitally signed by Linda Biever DN:cn=Linda Biever,email=linda@alliancecom.net,O=alliance comm. cooperative, inc.-baltic, =Garretson SD 57030. Date:3/29/2017</small> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Linda Biever</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Assistant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-594-3411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391642</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
FCC Form 508
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Cheyenne River Sioux Tribe Telephone Authority</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Mona L. Thompson</u> | | | |
| Title or position of authorized officer or employee <u>General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>605</u>) <u>964</u> - <u>2600</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>391647</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BERESFORD MUNICIPAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Todd Hansen | | | | <div style="font-size: small;">Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal tel. co.,l=Beresford SD 57004, Date:3/27/2017</div> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Todd Hansen</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-763-2500</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391649</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CITY OF BROOKINGS MUNICIPAL TEL. DEPT.</u> | | | | | |
| Signature of authorized officer or employee <u>Laura Julius</u> | | | | Digitally signed by Laura Julius DN:cn=Laura Julius,email=ljulius@swiftel-bmu.com,O=city of brookings municipal tel. dept.,l=Brookings SD 57006, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Laura Julius</u> | | | | | |
| Title or position of authorized officer or employee: <u>Finance & Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-692-6325</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391650</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CITY OF FAITH MUNICIPAL TEL CO</u> | | | | | |
| Signature of authorized officer or employee Debbie Brown | | | | <small>Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith municipal tel co,l=Faith SD 57626-0368, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Debbie Brown</u> | | | | | |
| Title or position of authorized officer or employee: <u>Finance Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-967-2261</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391653</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier Interstate Telecommunications Cooperative, Inc.(ITC)

Signature of authorized officer or employee *Tracy Bandemer* Date 05/16/2017

Printed name of authorized officer or employee Tracy Bandemer

Title or position of authorized officer or employee CFO

Telephone number of authorized officer or employee: (605) 874 . 2181 , ext.

| | | | |
|--------------------------------------|--------|--|-----------|
| Study Area Code of Reporting Carrier | 391654 | Filing Due Date for this form (mm/dd/yyyy) | June 2017 |
|--------------------------------------|--------|--|-----------|

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALLIANCE COMM. COOPERATIVE, INC.-SPLITROCK</u> | | | | | |
| Signature of authorized officer or employee Linda Bieber | | | | <small>Digitally signed by Linda Bieber DN:cn=Linda Bieber,email=linda@alliancecom.net,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030. Date:3/29/2017</small> | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Linda Bieber</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Assistant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-594-3411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391657</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GOLDEN WEST TELECOM. COOP, INC.</u> | | | | | |
| Signature of authorized officer or employee Dennis Law | | | | <div style="font-size: small;">Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom. coop, inc.,l=Wall SD 57790-0411, Date:3/24/2017</div> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Dennis Law</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-279-2161</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391659</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
FCC Form 508
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Jefferson Telephone Company</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Paul Bergmann</u> | | | |
| Title or position of authorized officer or employee <u>CFO</u> | | | |
| Telephone number of authorized officer or employee: (<u>712</u>) <u>271</u> - <u>4000</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>391666</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GOLDEN WEST TELECOM COOP (KADOKA)</u> | | | | | |
| Signature of authorized officer or employee Dennis Law | | | | Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (kadoka),l=Wall SD 57790-0411, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Dennis Law</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-279-2161</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391667</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KENNEBEC TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Rod Bowar | | | | <small>Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec telephone company,l=Kennebec SD 57544, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Rod Bowar</u> | | | | | |
| Title or position of authorized officer or employee: <u>President/Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-869-2220</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391668</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TRIOTEL COMMUNICATIONS, INC. (MCCOOK)</u> | | | | | |
| Signature of authorized officer or employee Bryan Roth | | | | Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel communications, inc. (mccook),l=Salem SD 57058-0630, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Bryan Roth</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-425-2238</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391669</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **TrioTel Comm-McCook**

Signature of authorized officer or employee

Date

9/8/2017

Printed name of authorized officer or employee **Bryan K. Roth**

Title or position of authorized officer or employee **CEO/Manager**

Telephone number of authorized officer or employee: (**605**) **425** - **2238** , ext.

Study Area Code of Reporting Carrier

391669

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

September 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MIDSTATE COMMUNICATIONS, INC.</u> | | | | | |
| Signature of authorized officer or employee Mark Benton | | | | Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate communications, inc.,l=Kimball SD 57355, Date:3/25/2017 | |
| Date: <u>3/25/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mark Benton</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-778-6221</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391670</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WEST RIVER TELECOMMUNICATIONS COOP.(MOBRIDGE)</u> | | | | | |
| Signature of authorized officer or employee Troy Schilling | | | | Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications coop.(mobridge),l=Hazen ND 58545 Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Troy Schilling</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>701-748-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391671</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 1

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|--|--|---|------------------------|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>RC Technologies</u> | | | | |
| Signature of authorized officer or employee <u>Robin Thoreson</u> | | | Date <u>03/27/2017</u> | |
| Printed name of authorized officer or employee <u>Robin Thoreson</u> | | | | |
| Title or position of authorized officer or employee <u>Accounting Dept Manager</u> | | | | |
| Telephone number of authorized officer or employee: (<u>605</u>) <u>637</u> - <u>5211</u> , ext. | | | | |
| Study Area Code of Reporting Carrier <u>391674</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SANTEL COMMUNICATIONS COOPERATIVE, INC.</u> | | | | | |
| Signature of authorized officer or employee Ryan Thompson | | | | <small>Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.coop,O=santel communications cooperative, inc.,l=Woonsocket SD 57385-0067, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Ryan Thompson</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-796-8143</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391676</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GOLDEN WEST TELECOM COOP (SIOUX VALLEY)</u> | | | | | |
| Signature of authorized officer or employee Dennis Law | | | | <small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (sioux valley),l=Wall SD 57790-0411, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Dennis Law</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-279-2161</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391677</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

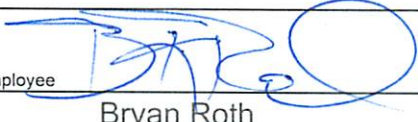
FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

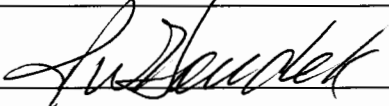
FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>INTERSTATE TELECOMMUNICATIONS COOP., INC.-SST</u> | | | | | |
| Signature of authorized officer or employee Tracy Bandemer | | | | Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecommunications coop., inc.-sst,l=Clear Lake SD 57226-0920, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Tracy Bandemer</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-874-2181</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391679</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

| | | | | |
|--|--|--|--|--|
| Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA | | | | |
| <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.</p> | | | | |
| <div style="text-align: center;">Interstate Telecommunications Cooperative, Inc. - SST</div> | | | | |
| Name of Reporting Carrier | | | | |
| <div style="text-align: center;">  Signature of authorized officer or employee </div> | | | <div style="text-align: center;"> Date 8-7-17 </div> | |
| <div style="text-align: center;">Bryan Roth</div> | | | | |
| Printed name of authorized officer or employee | | | | |
| <div style="text-align: center;">CEO</div> | | | | |
| Title or position of authorized officer or employee | | | | |
| <div style="text-align: center;">605.874.2181</div> | | | | |
| Telephone number of authorized officer or employee: () , ext. | | | | |
| <div style="text-align: center;">391679</div> | | <div style="text-align: center;">August 2017</div> | | |
| Study Area Code of Reporting Carrier | | Filing Due Date for this form (mm/dd/yyyy) | | |
| <p>Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | |

| | | | |
|---|---------------|--|------------------------|
| Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA | | | |
| <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.</p> | | | |
| | | | |
| Name of Reporting Carrier Venture Communications Cooperative | | | |
| Signature of authorized officer or employee  | | | Date 05/15/2017 |
| Printed name of authorized officer or employee Randy W. Houdek | | | |
| Title or position of authorized officer or employee CEO/General Manager | | | |
| Telephone number of authorized officer or employee: (605) 852 - 2224 , ext. | | | |
| Study Area Code of Reporting Carrier | 391680 | Filing Due Date for this form (mm/dd/yyyy) | June 2017 |
| <p>Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TRIOTEL COMMUNICATIONS, INC. (TRI-COUNTY)</u> | | | | | |
| Signature of authorized officer or employee Bryan Roth | | | | <small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel communications, inc. (tri-county),l=Salem SD 57058-0630, Date:3/27/2017</small> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Bryan Roth</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-425-2238</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391682</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **TrioTel Comm-TriC**

Signature of authorized officer or employee

Date

9/8/2017

Printed name of authorized officer or employee **Bryan K. Roth**

Title or position of authorized officer or employee **CEO/Manager**

Telephone number of authorized officer or employee: (**605**) **425** - **2238** , ext.

Study Area Code of Reporting Carrier

391682

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

September 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GOLDEN WEST TELECOM COOP (UNION)</u> | | | | | |
| Signature of authorized officer or employee Dennis Law | | | | <small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (union),l=Wall SD 57790-0411, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Dennis Law</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-279-2161</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391684</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>VALLEY TELECOMM. COOP. ASSN.,INC.</u> | | | | | |
| Signature of authorized officer or employe Marcia Huber | | | | Digitally signed by Marcia Huber DN:cn=Marcia Huber,email=mhuber@valleytel.net,O=valley telecomm. coop. assn.,inc.,l=Herreid SD 57632-0007, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Marcia Huber</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager/Assistant GM</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-437-2615</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391685</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Valley Telecommunications Cooperative Assn., Inc.**

Signature of authorized officer or employee



Date

08/08/2017

Printed name of authorized officer or employee

Jeff Symens

Title or position of authorized officer or employee

CEO/GM

Telephone number of authorized officer or employee: (605) 437 - 2615 , ext.

Study Area Code of Reporting Carrier

391685

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

August 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GOLDEN WEST TELECOM COOP (VIVIAN)</u> | | | | | |
| Signature of authorized officer or employee Dennis Law | | | | <small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (vivian),l=Wall SD 57790-0411, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Dennis Law</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-279-2161</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391686</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>VENTURE COMMUNICATIONS COOPERATIVE</u> | | | | | |
| Signature of authorized officer or employee <u>Janelle Jessen</u> | | | | Digitally signed by Janelle Jessen DN:cn=Janelle Jessen,email=janellej@venturecomm.net,O=venture communications cooperative, n=Highmore SD 57345-0157, Date:3/28/2017 | Date: <u>3/28/2017</u> |
| Printed name of authorized officer or employee: <u>Janelle Jessen</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-852-2224</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391688</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WEST RIVER COOPERATIVE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Colgan Huber | | | | <small>Digitally signed by Colgan Huber DN:cn=Colgan Huber,email=chuber@wrctc.coop,O=west river cooperative tel. co.,l=Bison SD 57620, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Colgan Huber</u> | | | | | |
| Title or position of authorized officer or employee: <u>Director of Finance</u> | | | | | |
| Telephone number of authorized officer or employee: <u>605-244-5213</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>391689</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CENTRAL ARKANSAS TEL. COOP INC.</u> | | | | | |
| Signature of authorized officer or employee Shirley Kinnaird | | | | Digitally signed by Shirley Kinnaird DN:cn=Shirley Kinnaird,email=shirley@catc.net,O=central arkansas tel. coop inc.,l=Bismarck AR 71929, Date:3/28/2017 Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Shirley Kinnaird</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>501-865-3212</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>401697</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
VOLUME 1
OMB Control No. 3060-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier

Cleveland County Telephone Co

Signature of authorized officer or employee

B. J. Mitchell

Date 3/27/2017

Printed name of authorized officer or employee

B J Mitchell

Title or position of authorized officer or employee

President

Telephone number of authorized officer or employee: 417 776 2247 ext

Study Area Code of Reporting Carrier

401698

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control Number 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|---|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Decatur Telephone Co.</u> | | | |
| Signature of authorized officer or employee <u>B. Mitchell</u> | | | Date <u>3/27/2017</u> |
| Printed name of authorized officer or employee <u>B. Mitchell</u> | | | |
| Title or position of authorized officer or employee <u>President</u> | | | |
| Telephone number of authorized officer or employee: <u>417 5776 2247</u> ext. | | | |
| Study Area Code of Reporting Carrier <u>401699</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SOUTH ARKANSAS TEL. CO.,INC.</u> | | | | | |
| Signature of authorized officer or employee Greg Ashcraft | | | | Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel. co.,inc.,l=Sheridan AR 72150, Date:3/28/2017 Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Greg Ashcraft</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary/Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>870-942-4344</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>401702</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LAVACA TELEPHONE-AR</u> | | | | | |
| Signature of authorized officer or employee Keith Gibson | | | | Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca telephone-ar,j=Lavaca AR 72941-0230, Date:3/27/2017 | |
| Printed name of authorized officer or employee: <u>Keith Gibson</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>479-674-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>401704</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MADISON COUNTY TEL. CO. INC.</u> | | | | | |
| Signature of authorized officer or employee Tom Shrum | | | | Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel. co. inc.,l=Huntsville AR 72740, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Tom Shrum</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary/Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>479-738-2121</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>401709</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
 APPENDIX Form 508
 OMB Control No. 3060-0972

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|---|---------------|--|------------------|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>Magazine Telephone Company, Inc.</u> | | | | |
| Signature of authorized officer or employee <u>Barbara K. Stone</u> | | | | Date <u>03/28/2017</u> |
| Printed name of authorized officer or employee <u>Barbara Stone</u> | | | | |
| Title or position of authorized officer or employee <u>President</u> | | | | |
| Telephone number of authorized officer or employee: (<u>479</u>) <u>969</u> - <u>2211</u> , ext. | | | | |
| Study Area Code of Reporting Carrier | <u>401710</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NORTHERN ARKANSAS TEL. CO.,INC.</u> | | | | | |
| Signature of authorized officer or employee Steven Sanders, Jr. | | | | <div style="font-size: small;"> Digitally signed by Steven Sanders, Jr. DN: cn=Steven Sanders, Jr., email=steven@natconet.com, O=northern arkansas tel. co. inc. l=Elinpin AR 72634-0209 </div> | |
| | | | | Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Steven Sanders, Jr.</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>870-453-9273</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>401713</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PRAIRIE GROVE TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Rick Reed | | | | <small>Digitally signed by Rick Reed DN:cn=Rick Reed,email=treed@pgtc.com,O=prairie grove telephone company,l=Prairie Grove AR 72753-1010, Date:3/20/2017</small> Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>Rick Reed</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>479-846-7200</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>401718</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
VOLUME 1
OMB Control No. 060-0972
APPENDIX B
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|--|---------------|--|------------------|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>Rice Belt Telephone Company</u> | | | | |
| Signature of authorized officer or employee  | | | | Date <u>3/27/2017</u> |
| Printed name of authorized officer or employee <u>Darby A. McCarty</u> | | | | |
| Title or position of authorized officer or employee <u>President</u> | | | | |
| Telephone number of authorized officer or employee: (<u>812</u>) <u>876</u> - <u>2211</u> , ext. | | | | |
| Study Area Code of Reporting Carrier | <u>401721</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SOUTHWEST ARKANSAS TEL. COOP. INC.</u> | | | | | |
| Signature of authorized officer or employee Tina Moore | | | | Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=southwest arkansas tel. coop. inc.,l=Texarkana AR 71854-8073, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Tina Moore</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accountant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>870-653-8222</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>401724</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ARKWEST COMMUNICATIONS, INC.</u> | | | | | |
| Signature of authorized officer or employe P. Sanders | | | | Digitally signed by P. Sanders DN:cn=P. Sanders,email=ptjr@arkwest.com,O=arkwest communications, inc.,l=Danville AR 72833, Date:3/28/2017 | Date: <u>3/28/2017</u> |
| Printed name of authorized officer or employee: <u>P. Sanders</u> | | | | | |
| Title or position of authorized officer or employee: <u>President & GM</u> | | | | | |
| Telephone number of authorized officer or employee: <u>479-495-4242</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>401734</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BLUE VALLEY TELE-COMMUNICATIONS, INC.</u> | | | | | |
| Signature of authorized officer or employee Candace Wright | | | | Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-communications, inc.,l=Home KS 66438, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Candace Wright</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>785-799-3657</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411746</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--|---------------|--|---|------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>COUNCIL GROVE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Dale Jones | | | | 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:3/23/2017 | |
| | | | | Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Dale Jones</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-767-5153</u> | | | | | |
| Study Area Code of Reporting Carrier | | <u>411758</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CUNNINGHAM TELEPHONE CO. INC.</u> | | | | | |
| Signature of authorized officer or employee Brent Cunningham | | | | Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham telephone co. inc.,l=Glen Elder KS 67446-0108, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Brent Cunningham</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>785-545-3215</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411761</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

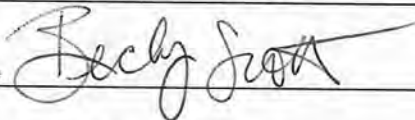
Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Elkhart Telephone Co., Inc.

Signature of authorized officer or employee



Date

03/28/2017

Printed name of authorized officer or employee

Becky Scott

Title or position of authorized officer or employee

CFO

Telephone number of authorized officer or employee: (620) 697 - 2111 , ext.

Study Area Code of Reporting Carrier

411764

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GOLDEN BELT TELEPHONE ASSN. INC.</u> | | | | | |
| Signature of authorized officer or employee Beau Rebel | | | | <div style="font-size: small;">Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbtlive.com,O=golden belt telephone assn. inc.,l=Rush Center KS 67575, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Beau Rebel</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>785-372-4236</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411777</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GORHAM TELEPHONE COMPANY INC.</u> | | | | | |
| Signature of authorized officer or employee Tonya Murphy | | | | Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham telephone company inc.,l=Gorham KS 67640-0235, Date:3/25/2017 | |
| Date: <u>3/25/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Tonya Murphy</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary/Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>785-637-5300</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411778</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>H & B COMMUNICATIONS INC.</u> | | | | | |
| Signature of authorized officer or employee Robert Koch | | | | <small>Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications inc.,l=Holyrood KS 67450, Date:3/22/2017</small> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Robert Koch</u> | | | | | |
| Title or position of authorized officer or employee: <u>President and General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>785-252-4000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411781</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HOME TELEPHONE COMPANY INC.</u> | | | | | |
| Signature of authorized officer or employee Tina Anderson | | | | Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home telephone company inc.,l=Galva KS 67443, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Tina Anderson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Customer Acct & Billing Mgr/Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-654-3381</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411782</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KANOKLA TELEPHONE ASSOCIATION - KS</u> | | | | | |
| Signature of authorized officer or employee Dana Pierce | | | | <div style="font-size: small;">Digitally signed by Dana Pierce DN:cn=Dana Pierce,email=dana@kanokla.com,O=kanokla telephone association - ks,l=Caldwell KS 67022, Date:3/24/2017</div> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Dana Pierce</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-845-5682</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411788</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MADISON TELEPHONE, LLC</u> | | | | | |
| Signature of authorized officer or employee Shana Rains | | | | <div style="font-size: small;">Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison telephone, llc,l=Madison KS 66860, Date:3/24/2017</div> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Shana Rains</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accountant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-437-2356</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411801</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3050-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

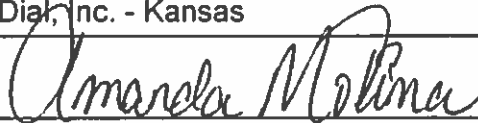
Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier MoKan Dial, Inc. - Kansas

Signature of authorized officer or employee



Date

03/30/2017

Printed name of authorized officer or employee

Amanda Molina

Title or position of authorized officer or employee

Vice President of External Relations

Telephone number of authorized officer or employee (904) 259 - 0029 , ext.

Study Area Code of Reporting Carrier

411807

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MUTUAL TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee <u>John Tietjens</u> | | | | Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual telephone company,l=Little River KS 67457, Date:3/28/2017 | Date: <u>3/28/2017</u> |
| Printed name of authorized officer or employee: <u>John Tietjens</u> | | | | | |
| Title or position of authorized officer or employee: <u>President & General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-897-6200</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411809</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PEOPLES TELECOMMUNICATIONS, LLC</u> | | | | | |
| Signature of authorized officer or employee Kathy Billinger | | | | <div style="font-size: small;">Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecommunications, llc,l=LaCygne KS 66040, Date:3/23/2017</div> | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Kathy Billinger</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>913-757-2500</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411814</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PIONEER TELEPHONE ASSOCIATION INC.</u> | | | | | |
| Signature of authorized officer or employee Becky Zerr | | | | <div style="font-size: small;">Digitally signed by Becky Zerr DN:cn=Becky Zerr,email=becky.zerr@pioncomm.net,O=pioneer telephone association inc.,l=Ulysses KS 67880, Date:3/29/2017</div> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Becky Zerr</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-356-3211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411817</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CRAW-KAN TELEPHONE COOP INC- KS</u> | | | | | |
| Signature of authorized officer or employe Craig Wilbert | | | | <small>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan telephone coop inc- ks,l=Girard KS 66743-0100, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Craig Wilbert</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-724-8235</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411818</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>RAINBOW TELECOMMUNICATIONS ASSOC., INC.</u> | | | | | |
| Signature of authorized officer or employee Kathy Ruoff | | | | Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecommunications assoc., inc.,l=Everest KS 66424, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Kathy Ruoff</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>785-548-7511</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411820</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>S & T TEL. COOP. ASSN.</u> | | | | | |
| Signature of authorized officer or employee Christina Hickert | | | | Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s & t tel. coop. assn.,l=Brewster KS 67732, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Christina Hickert</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>256-694-2256</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411827</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SOUTH CENTRAL TEL. ASSN. INC.-KS</u> | | | | | |
| Signature of authorized officer or employee Kelly Johnson | | | | <small>Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@sctelcom.com,O=south central tel. assn. inc.-ks,l=Medicine Lodge KS 67104, Date:3/27/2017</small> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Kelly Johnson</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-930-1020</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411831</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SOUTHERN KANSAS TEL. CO.,INC.</u> | | | | | |
| Signature of authorized officer or employe William McVey | | | | Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel. co.,inc.,l=Clearwater KS 67026-0800, Date:3/29/2017 | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>William McVey</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-584-8337</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411833</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TRI-COUNTY TEL. ASSN. INC.-KS</u> | | | | | |
| Signature of authorized officer or employee Dale Jones | | | | Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel. assn. inc.-ks, =Council Grove KS 66846-0299, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Dale Jones</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-767-5153</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411839</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
APPENDIX C
FCC Form 508
OMB Control No. 3060-0972

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support
Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier**

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Twin Valley Telephone, Inc.

Signature of authorized officer or employee



Date 03/29/2017

Printed name of authorized officer or employee Scott Cissna

Title or position of authorized officer or employee Chief Financial Officer

Telephone number of authorized officer or employee: (785) 427 - 2211 , ext. _____

Study Area Code of Reporting Carrier

411840

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

3/31/2017

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

| | | | |
|--|---------------|--|--------------------|
| <p align="center">Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA</p> <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.</p> | | | |
| | | | |
| Name of Reporting Carrier <i>Twin Valley Telephone, Inc.</i> | | | |
| Signature of authorized officer or employee <i>M. May</i> | | | Date <i>9/5/17</i> |
| Printed name of authorized officer or employee <i>Morgan May</i> | | | |
| Title or position of authorized officer or employee <i>Controller</i> | | | |
| Telephone number of authorized officer or employee: <i>(765) 427-9215</i> , ext. | | | |
| Study Area Code of Reporting Carrier | <i>411840</i> | Filing Due Date for this form (mm/dd/yyyy) | September 2017 |
| <p>Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

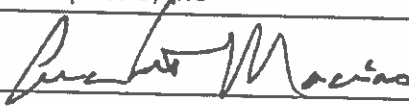
FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>UNITED TELEPHONE ASSOCIATION, INC.</u> | | | | | |
| Signature of authorized officer or employee Jennifer Pachner | | | | <div style="font-size: small;">Digitally signed by Jennifer Pachner DN:cn=Jennifer Pachner,email=jenniferp@unitedtelcom.net,O=united telephone association, inc.,l=Dodge City KS 67801, Date:3/23/2017</div> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Jennifer Pachner</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-227-8641</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>411841</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

| | | | |
|--|---|-------------------------|-------------------------------|
| <p align="center">Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA</p> <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.</p> | | | |
| <p>Name of Reporting Carrier Wheat State Telephone, Inc</p> | | | |
| <p>Signature of authorized officer or employee </p> | | | <p>Date 05/10/2017</p> |
| <p>Printed name of authorized officer or employee Archie Macias</p> | | | |
| <p>Title or position of authorized officer or employee General Manager</p> | | | |
| <p>Telephone number of authorized officer or employee: (620) 782 - 3341 . ext.</p> | | | |
| <p>Study Area Code of Reporting Carrier 411847</p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>June 2017</p> | |
| <p>Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

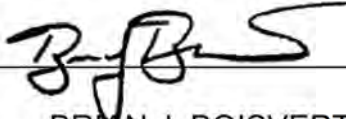
**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support
Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier**

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: National Exchange Carrier Association, Inc.

Name of Reporting Carrier: WILSON TELEPHONE COMPANY, INC.

Signature of authorized officer or employee



Date

03/28/2017

Printed name of authorized officer or employee

BRIAN J. BOISVERT

Title or position of authorized officer or employee

CEO/GM

Telephone number of authorized officer or employee: (785) 658 2111 , ext. _____

Study Area Code of Reporting Carrier

411849

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BPS Telephone Company</u> | | | | | |
| Signature of authorized officer or employee <u>Lisa Winberry</u> | | | | <div style="font-size: small;">Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps telephone company,l=Bernie MO 63822-0550, Date:3/29/2017</div> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Lisa Winberry</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>573-293-2277</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>420463</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>IAMO TELEPHONE COMPANY - MO</u> | | | | | |
| Signature of authorized officer or employee Jack Jones | | | | Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo telephone company - mo,lc=Coin IA 51636, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Jack Jones</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>712-583-3232</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>421206</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

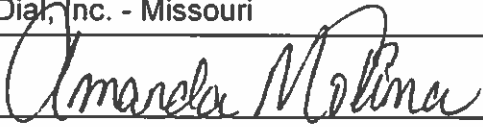
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CRAW-KAN TELEPHONE COOP INC - MO</u> | | | | | |
| Signature of authorized officer or employee Craig Wilbert | | | | Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=cwilbert@ckt.net,O=craw-kan telephone coop inc - mo,l=Girard KS 66743-0100, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Craig Wilbert</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-724-8235</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>421759</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3050-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>MoKan Dial, Inc. - Missouri</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/30/2017</u> |
| Printed name of authorized officer or employee <u>Amanda Molina</u> | | | |
| Title or position of authorized officer or employee <u>Vice President of External Relations</u> | | | |
| Telephone number of authorized officer or employee: (<u>904</u>) <u>259</u> - <u>0029</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>421807</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALMA COMMUNICATIONS COMPANY DBA ALMA TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Adolf Heins | | | | <small>Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma communications company dba alma tel. co.,l=Alma MO 64001 Date:3/27/2017</small> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Adolf Heins</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>660-674-2297</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>421860</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CHARITON VALLEY TELEPHONE CORPORATION</u> | | | | | |
| Signature of authorized officer or employee Kirby Underberg | | | | Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@charitonvalley.com,O=chariton valley telephone corporation,l=Macon MO 63552 Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Kirby Underberg</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>660-395-9000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>421864</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3080-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent National Exchange Carrier Association, Inc. | | | |
| Name of Reporting Carrier Citizens Telephone Company of Higginsville, Missouri | | | |
| Signature of authorized officer or employee  | | Date 3/21/2017 | |
| Printed name of authorized officer or employee Brian L. Cornelius | | | |
| Title or position of authorized officer or employee President | | | |
| Telephone number of authorized officer or employee: (660) 584 - 2111 , ext. | | | |
| Study Area Code of Reporting Carrier 421865 | | Filing Due Date for this form (mm/dd/yyyy) 3/31/2017 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control Number 0972-0060
APPENDIX
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|---|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Ozark Telephone Co.</u> | | | |
| Signature of authorized officer or employee <u>B.J. Mitchell</u> | | | Date <u>3/27/2017</u> |
| Printed name of authorized officer or employee <u>B.J. Mitchell</u> | | | |
| Title or position of authorized officer or employee <u>Vice-President</u> | | | |
| Telephone number of authorized officer or employee <u>417 776 3247</u> ext. | | | |
| Study Area Code of Reporting Carrier <u>421866</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FARBER TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Charles Crow | | | | Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=farber telephone company,l=Farber MO 63345, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Charles Crow</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>573-249-9800</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>421876</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|------------------------|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FIDELITY TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee | | <u>Melinda Lahmann</u> | | Digitally signed by Melinda Lahmann DN:cn=Melinda Lahmann,email=melinda.lahmann@fidelitycommunications.com,O=fidelity telephone company,lc=Sullivan MO 63080, Date:3/28/2017 | |
| | | | | Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Melinda Lahmann</u> | | | | | |
| Title or position of authorized officer or employee: | | | | | |
| Telephone number of authorized officer or employee: <u>573-468-1216</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>421882</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control Number 0972-0060
APPENDIX
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Goodman Telephone Co.</u> | | | |
| Signature of authorized officer or employee <u>B.J. Mitchell</u> | | | Date <u>3/27/2017</u> |
| Printed name of authorized officer or employee <u>B.J. Mitchell</u> | | | |
| Title or position of authorized officer or employee <u>President</u> | | | |
| Telephone number of authorized officer or employee <u>(417) 776 2247 ext.</u> | | | |
| Study Area Code of Reporting Carrier | <u>421886</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GRANBY TEL CO - MISSOURI</u> | | | | | |
| Signature of authorized officer or employee Cheri Johnson | | | | Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - missouri,l=Granby MO 64844, Date:3/29/2017 Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Cheri Johnson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Corporate Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>417-472-5513</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>421887</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Green Hills Telephone Corporation</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/21/2017</u> |
| Printed name of authorized officer or employee <u>David Adams</u> | | | |
| Title or position of authorized officer or employee <u>EVP/General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>660</u>) <u>644</u> - <u>5411</u> , ext. | | | |
| Study Area Code of Reporting Carrier <u>421890</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/28/2017</u> | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

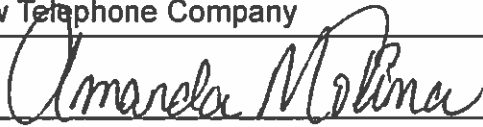
Certification-Agent

Transmittal No. 1519

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3050-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|--|--|--|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent National Exchange Carrier Association, Inc. | | | | |
| Name of Reporting Carrier Choctaw Telephone Company | | | | |
| Signature of authorized officer or employee  | | | | Date 03/30/2017 |
| Printed name of authorized officer or employee Amanda Molina | | | | |
| Title or position of authorized officer or employee Vice President of External Relations | | | | |
| Telephone number of authorized officer or employee: (904) 259 - 0029 , ext. | | | | |
| Study Area Code of Reporting Carrier 421893 | | | Filing Due Date for this form (mm/dd/yyyy) 3/31/2017 | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | | |

Certification-Agent

Transmittal No. 1519

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KINGDOM TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Marla McCowan | | | | Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone company,lc=Auxvasse MO 65231, Date:3/21/2017 | |
| Date: <u>3/21/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Marla McCowan</u> | | | | | |
| Title or position of authorized officer or employee: <u>Assistant Board Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>573-386-2241</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>421901</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MCDONALD COUNTY TELEPHONE CO.</u> | | | | | |
| Signature of authorized officer or employe Ross Babbitt | | | | Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county telephone co.,l=Pineville MO 64856-0207, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Ross Babbitt</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>417-223-4313</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>421912</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
VOLUME 1
OMB Control No. 0460-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support
Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier**

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Miller Telephone Company

Signature of authorized officer or employee

Stephanie Hill

Date

03/23/2017

Printed name of authorized officer or employee

Stephanie Hill

Title or position of authorized officer or employee

General Manager

Telephone number of authorized officer or employee: (417) 452 - 3201 , ext.

Study Area Code of Reporting Carrier

421920

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NORTHEAST MISSOURI RURAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee James Sherburne | | | | Digitally signed by James Sherburne DN:cn=James Sherburne,email=jims@nemr.net,O=northeast missouri rural tel. co.,l=Green City MO 63545-0098, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>James Sherburne</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Executive Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>660-874-4111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>421931</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>OREGON FARMERS MUTUAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Wendy Ottman | | | | Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mutual tel. co.,I=Oregon MO 64473, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Wendy Ottman</u> | | | | | |
| Title or position of authorized officer or employee: <u>Assistant General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>660-446-3391</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>421935</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ROCK PORT TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Rick Bradley | | | | Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel. co.,l=Rock Port MO 64482, Date:3/22/2017 Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Rick Bradley</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>660-744-5311</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>421942</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

v. FCC Form 508
OMB Control No. 3060-0972
APPENDIX
EXHIBIT 4

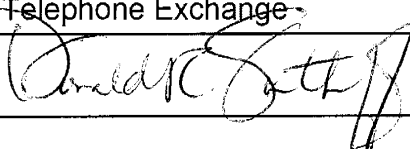
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Seneca Telephong, Co</u> | | | |
| Signature of authorized officer or employee <u>B.J. Mitchell</u> | | | Date <u>3/27/2017</u> |
| Printed name of authorized officer or employee <u>B.J. Mitchell</u> | | | |
| Title or position of authorized officer or employee <u>Vice-President</u> | | | |
| Telephone number of authorized officer or employee: <u>417 776 2247</u> ext. | | | |
| Study Area Code of Reporting Carrier | <u>421945</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 0972-0080
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent National Exchange Carrier Association, Inc. | | | |
| Name of Reporting Carrier Steelville Telephone Exchange | | | |
| Signature of authorized officer or employee  | | | Date 03/29/2017 |
| Printed name of authorized officer or employee Donald R. Santhuff | | | |
| Title or position of authorized officer or employee General Manager | | | |
| Telephone number of authorized officer or employee: (573) 775 - 2111 , ext. | | | |
| Study Area Code of Reporting Carrier | 421949 | Filing Due Date for this form (mm/dd/yyyy) | 3/31/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LAVACA TELEPHONE CO.- OK</u> | | | | | |
| Signature of authorized officer or employee Keith Gibson | | | | Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca telephone co.- ok,l=Lavaca AR 72941-0230, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Keith Gibson</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>479-674-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>431704</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KANOKLA TELEPHONE ASSOCIATION - OK</u> | | | | | |
| Signature of authorized officer or employee Dana Pierce | | | | Digitally signed by Dana Pierce DN:cn=Dana Pierce,email=dana@kanokla.com,O=kanokla telephone association - ok,l=Caldwell KS 67022, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Dana Pierce</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-845-5682</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>431788</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SOUTH CENTRAL TEL. ASSN., INC.-OK</u> | | | | | |
| Signature of authorized officer or employee Kelly Johnson | | | | Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@sctelcom.com,O=south central tel. assn., inc.-ok,/=Medicine Lodge KS 67104, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Kelly Johnson</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>620-930-1020</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>431831</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ATLAS TELEPHONE CO.</u> | | | | | |
| Signature of authorized officer or employee Barbara Summa | | | | <small>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas telephone co.,l=Big Cabin OK 74332-0077, Date:3/24/2017</small> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Barbara Summa</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>918-783-5111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>431966</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

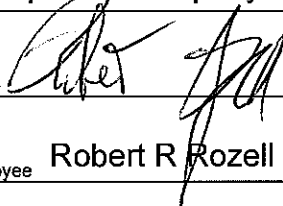
| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BEGGS TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Kay Mount | | | | <div style="font-size: small;">Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs telephone company,l=Beggs OK 74421-0749, Date:3/24/2017</div> Date: <u>3/24/2017</u> | |
| Printed name of authorized officer or employee: <u>Kay Mount</u> | | | | | |
| Title or position of authorized officer or employee: <u>Pres. & General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>918-267-3636</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>431968</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Bixby Telephone Company**

Signature of authorized officer or employee



Date **05/12/2017**

Printed name of authorized officer or employee

Robert R Rozell

Title or position of authorized officer or employee

President/CEO

Telephone number of authorized officer or employee: (918) 366 - 8000 , ext. 212

Study Area Code of Reporting Carrier

431969

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CANADIAN VALLEY TELEPHONE CO.</u> | | | | | |
| Signature of authorized officer or employee Orlean Smith | | | | Digitally signed by Orlean Smith DN:cn=Orlean Smith,email=murphy@cvok.net,O=canadian valley telephone co.,l=Crowder OK 74430, Date:3/22/2017 Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Orlean Smith</u> | | | | | |
| Title or position of authorized officer or employee: <u>President / Gen Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>918-334-3700</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>431974</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CENTRAL OKLAHOMA TELEPHONE CO., L.L.C.</u> | | | | | |
| Signature of authorized officer or employee Steve Guest | | | | Digitally signed by Steve Guest DN:cn=Steve Guest,email=steve377@cotc.net,O=central oklahoma telephone co., l.l.c.,l=Davenport OK 74026-0789, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Steve Guest</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>918-377-2241</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>431977</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CHEROKEE TELEPHONE CO.</u> | | | | | |
| Signature of authorized officer or employee Samuel Sanchez | | | | <small>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=chero kee telephone co.,l=Calera OK 74730, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Samuel Sanchez</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President Operations</u> | | | | | |
| Telephone number of authorized officer or employee: <u>580-434-5375</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>431979</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
FCC Form 508
APPENDIX C
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

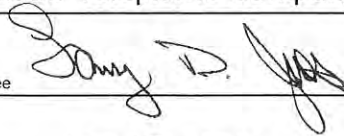
**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support
Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier**

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Chickasaw Telephone Company

Signature of authorized officer or employee



Date 03/28/2017

Printed name of authorized officer or employee

Larry D. Jones

Title or position of authorized officer or employee

Vice President

Telephone number of authorized officer or employee: (580) 622 - 5223 , ext.

Study Area Code of Reporting Carrier

431980

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GRAND TELEPHONE CO. INC.</u> | | | | | |
| Signature of authorized officer or employee Jason Anderson | | | | <small>Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand telephone co. inc.,l=Jay OK 74346-0308, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Jason Anderson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller/Co-Manager/2nd Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>918-253-4231</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>431994</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier

Hinton Telephone Co., INC

Signature of authorized officer or employee

Kenneth Doughty

Date *5-12-17*

Printed name of authorized officer or employee

Kenneth Doughty

Title or position of authorized officer or employee

President

Telephone number of authorized officer or employee: *(405) 592-3262* ext.

Study Area Code of Reporting Carrier

431995

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

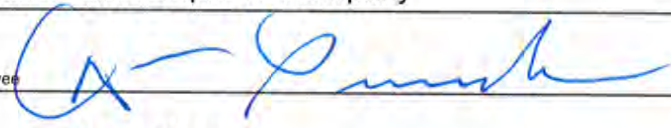
June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
APPENDIX A
OMB Control No. 3060-0972

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Medicine Park Telephone Company</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/28/2017</u> |
| Printed name of authorized officer or employee <u>Dean Pennello</u> | | | |
| Title or position of authorized officer or employee <u>Chief Financial Officer</u> | | | |
| Telephone number of authorized officer or employee: (<u>580</u>) <u>529</u> - <u>2700</u> , ext. _____ | | | |
| Study Area Code of Reporting Carrier | <u>432008</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>OKLATEL COMMUNICATIONS, INC.</u> | | | | | |
| Signature of authorized officer or employee Toney Prather | | | | Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=oklatel communications, inc.,l=De Leon TX 76444, Date:3/22/2017 | |
| Printed name of authorized officer or employee: <u>Toney Prather</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>254-893-1000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>432013</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Parrhandle Telephone Cooperative, Inc.

Signature of authorized officer or employee Kelley Wells

Date 3-28-17

Printed name of authorized officer or employee Kelley Wells

Title or position of authorized officer or employee Regulatory Affairs Manager

Telephone number of authorized officer or employee: (580) 338-2556, ext.

| | | | |
|--------------------------------------|---------------|---|-----------|
| Study Area Code of Reporting Carrier | <u>432016</u> | Filing Due Date for this form (mm/dd/yyyy) | 3/31/2017 |
|--------------------------------------|---------------|---|-----------|

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PINE TELEPHONE CO INC- OK</u> | | | | | |
| Signature of authorized officer or employee <u>Jane Merz</u> | | | | Digitally signed by Jane Merz DN:cn=Jane Merz,email=jane@pinetelephone.com,O=pine telephone co inc- ok, Broken Bow OK 74728, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Jane Merz</u> | | | | | |
| Title or position of authorized officer or employee: <u>Bookkeeper</u> | | | | | |
| Telephone number of authorized officer or employee: <u>580-584-3355</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>432017</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SHIDLER TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Lisa Patton | | | | Digitally signed by Lisa Patton DN:cn=Lisa Patton,email=lisa@stinternet.net,O=shidler tel. co.,l=Shidler OK 74652, Date:3/22/2017 Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Lisa Patton</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>918-793-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>432023</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TERRAL TEL. CO.</u> | | | | | |
| Signature of authorized officer or employe Dick Segress | | | | Digitally signed by Dick Segress DN:cn=Dick Segress,email=dick@ttslinx.com,O=terral tel. co.,l=Oklahoma City OK 73104-1816, Date:3/23/2017 Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Dick Segress</u> | | | | | |
| Title or position of authorized officer or employee: <u>President/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>405-602-2408</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>432029</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TOTAH COMMUNICATIONS, INC.</u> | | | | | |
| Signature of authorized officer or employee Keith Watson | | | | Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totelcsi.com,O=totah communications, inc.,l=Ochelata OK 74051-0300, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Keith Watson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Executive VP / Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>918-535-2208</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>432030</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control Number 0972-0001
APPENDIX
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|--|---|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Wyandotte Telephone Co</u> | | | |
| Signature of authorized officer or employee <u>B.J. Mitchell</u> | | | Date <u>3/27/2017</u> |
| Printed name of authorized officer or employee <u>B J Mitchell</u> | | | |
| Title or position of authorized officer or employee <u>Vice-President</u> | | | |
| Telephone number of authorized officer or employee: <u>(417) 776 2247</u> ext. | | | |
| Study Area Code of Reporting Carrier <u>43 2034</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Santa Rosa Telephone Coop., Inc.

Signature of authorized officer or employee *Jason Tale*

Date 3/29/2017

Printed name of authorized officer or employee Jason Tale

Title or position of authorized officer or employee Assistant GM/CFO

Telephone number of authorized officer or employee: (940) 896-2014, ext.

Study Area Code of Reporting Carrier 432141

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CAMERON TELEPHONE COMPANY - TEXAS</u> | | | | | |
| Signature of authorized officer or employee Bruce Petry | | | | Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron telephone company - texas,l=Sulphur LA 70665, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Bruce Petry</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>337-583-2092</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>440425</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BLOSSOM TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee <u>Joyce Dorries</u> | | | | Digitally signed by Joyce Dorries DN:cn=Joyce Dorries,email=btc@blossomtel.com,O=blossom telephone company,l=Blossom TX 75416-0008, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Joyce Dorries</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary/Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>903-982-5200</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442038</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BIG BEND TELEPHONE COMPANY INC.</u> | | | | | |
| Signature of authorized officer or employee Lauren Sanders | | | | Digitally signed by Lauren Sanders DN:cn=Lauren Sanders,email=lauren.sanders@bbtco.com,O=big bend telephone company inc.,I=Alpine TX 79830, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Lauren Sanders</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>432-364-0054</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442039</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BRAZORIA TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Gil Rasco | | | | Digitally signed by Gil Rasco DN:cn=Gil Rasco,email=gil@btel.com,O=brazoria tel. co.,l=Brazoria TX 77422, Date:3/28/2017 Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Gil Rasco</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President, Operations</u> | | | | | |
| Telephone number of authorized officer or employee: <u>979-798-2121</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442040</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CAP ROCK TELEPHONE COOPERATIVE, INC.</u> | | | | | |
| Signature of authorized officer or employee Jim Whitefield | | | | Digitally signed by Jim Whitefield DN:cn=Jim Whitefield,email=advisory@caprock-spur.com,O=cap rock telephone cooperative, inc.,l=Spur TX 79370-0300, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Jim Whitefield</u> | | | | | |
| Title or position of authorized officer or employee: <u>Executive Vice President/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>806-271-3336</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442046</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>COLEMAN COUNTY TELEPHONE CO-OP. INC.</u> | | | | | |
| Signature of authorized officer or employee Tim Humpert | | | | Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county telephone co-op. inc.,l=Santa Anna TX 76878, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Tim Humpert</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>325-348-3124</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442057</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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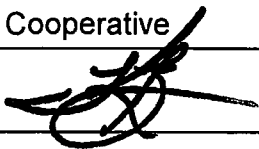
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>COMMUNITY TELEPHONE COMPANY, INC.</u> | | | | | |
| Signature of authorized officer or employee Jenny Barton | | | | <div style="font-size: small;">Digitally signed by Jenny Barton DN:cn=Jenny Barton,email=jennybarton@comcell.net,O=community telephone company, inc.,l=Windthorst TX 76389, Date:3/28/2017</div> | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Jenny Barton</u> | | | | | |
| Title or position of authorized officer or employee: | | | | | |
| Telephone number of authorized officer or employee: <u>940-423-6201</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442061</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|--|--|---|------------------------|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>Cumby Telephone Cooperative</u> | | | | |
| Signature of authorized officer or employee  | | | Date <u>03/29/2017</u> | |
| Printed name of authorized officer or employee <u>Karen L. Zimmerman</u> | | | | |
| Title or position of authorized officer or employee <u>General Manager</u> | | | | |
| Telephone number of authorized officer or employee: (<u>903</u>) <u>994</u> - <u>2211</u> , ext. | | | | |
| Study Area Code of Reporting Carrier <u>442065</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | | |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DELL TELEPHONE CO-OP. INC. - TX</u> | | | | | |
| Signature of authorized officer or employee Marcy Guillen | | | | <div style="font-size: small;"> Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mg Guillen@delcity.com,O= dell telephone co-op. inc. - tx,I=Dell City TX 79837, Date:3/27/2017 </div> <div style="margin-top: 10px;"> Date: <u>3/27/2017</u> </div> | |
| Printed name of authorized officer or employee: <u>Marcy Guillen</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>915-964-2352</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442066</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

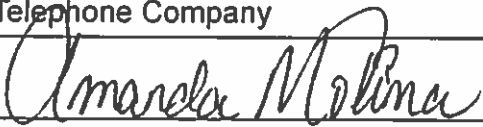
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>EASTEX TELEPHONE COOPERATIVE INC.</u> | | | | | |
| Signature of authorized officer or employee Steve Alexander | | | | <small>Digitally signed by Steve Alexander DN:cn=Steve Alexander,email=stevena@eastex.com,O=eastex telephone cooperative inc.,l=Henderson UT 75653-0150, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Steve Alexander</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>903-854-1121</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442068</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3050-0972
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Electra Telephone Company</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/30/2017</u> |
| Printed name of authorized officer or employee <u>Amanda Molina</u> | | | |
| Title or position of authorized officer or employee <u>Vice President of External Relations</u> | | | |
| Telephone number of authorized officer or employee: (<u>904</u>) <u>259</u> - <u>0029</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>442069</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
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FCC Form 508
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

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|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BORDER TO BORDER COMMUNICATIONS</u> | | | | | |
| Signature of authorized officer or employee <u>Herman Roark Jr.</u> | | | | Digitally signed by Herman Roark Jr. DN:cn=Herman Roark Jr.,email=herman.roark@border2border.com,O=border to border communications,l=Kerrville,TX 78028 Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Herman Roark Jr.</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>956-936-2000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442073</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GANADO TELEPHONE COMPANY INC.</u> | | | | | |
| Signature of authorized officer or employee Bill Rakowitz | | | | <small>Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado telephone company inc.,l=Ganado TX 77962, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Bill Rakowitz</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>361-771-3331</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442076</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GUADALUPE VALLEY TEL CO-OP. INC.</u> | | | | | |
| Signature of authorized officer or employee Robert Hunt | | | | Digitally signed by Robert Hunt DN:cn=Robert Hunt,email=robert.hunt@gvtc.net,O=guadalupe valley tel co-op. inc.,l=New Braunfels TX 78132-5900, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Robert Hunt</u> | | | | | |
| Title or position of authorized officer or employee: <u>VP-Regulatory Affairs & Bus Ops</u> | | | | | |
| Telephone number of authorized officer or employee: <u>830-885-8239</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442083</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HILL COUNTRY TELEPHONE CO-OP. INC.</u> | | | | | |
| Signature of authorized officer or employee Samatha Taylor | | | | Digitally signed by Samatha Taylor DN:cn=Samatha Taylor,email=staylor@hctc.coop,O=hill country telephone co-op. inc.,l=Ingram TX 78025, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Samatha Taylor</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager of Accounting and Finance</u> | | | | | |
| Telephone number of authorized officer or employee: <u>830-367-5333</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442086</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALENCO COMMUNICATIONS, INC.</u> | | | | | |
| Signature of authorized officer or employee Mary Jo Moncrief | | | | Digitally signed by Mary Jo Moncrief DN:cn=Mary Jo Moncrief,email=maryjo@usapathway.com,O=alenco communications, inc.,l=Joshua TX 76058, Date:3/29/2017 | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mary Jo Moncrief</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>817-447-0127</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442090</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

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

Signature of authorized officer or employee

Jonathan Baker

Date

5/10/17

Printed name of authorized officer or employee

Jonathan Baker

Title or position of authorized officer or employee

SVP

Telephone number of authorized officer or employee: (281) 225 - 0500 , ext.

Study Area Code of Reporting Carrier

442091

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 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 or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier ETS Telephone Company Inc.

Signature of authorized officer or employee [Signature] Date

Printed name of authorized officer or employee Jonathan Baker

Title or position of authorized officer or employee SVP

Telephone number of authorized officer or employee: (281) 225-1000 , ext.

| | | | |
|--------------------------------------|---------------|--|-----------|
| Study Area Code of Reporting Carrier | <u>442091</u> | Filing Due Date for this form (mm/dd/yyyy) | July 2017 |
|--------------------------------------|---------------|--|-----------|

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LA WARD TELEPHONE EXCHANGE INC.</u> | | | | | |
| Signature of authorized officer or employee Terri Parker | | | | Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward telephone exchange inc.,l=La Ward TX 77970-0246, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Terri Parker</u> | | | | | |
| Title or position of authorized officer or employee: <u>Secretary/Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>361-872-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442103</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LIPAN TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Beth Howard | | | | Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan telephone company,l=Lipan TX 76462, Date:3/28/2017 Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Beth Howard</u> | | | | | |
| Title or position of authorized officer or employee: <u>Sec / Treasurer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>254-646-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442105</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LIVINGSTON TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Deborah Rand | | | | Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=livingston telephone company,l=Livingston TX 77351, Date:3/28/2017 Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Deborah Rand</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>603-472-9786</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442107</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MUENSTER TEL. CORP. OF TX DBA NORTEX COMM.</u> | | | | | |
| Signature of authorized officer or employee Alan Rohmer | | | | <div style="font-size: small;">Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster tel. corp. of tx dba nortex comm.,l=Muenster TX 76252, Date:3/24/2017</div> | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Alan Rohmer</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>940-759-2251</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442116</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PEOPLES TELEPHONE COOPERATIVE - TX</u> | | | | | |
| Signature of authorized officer or employee Gena von Reyn | | | | Digitally signed by Gena von Reyn DN:cn=Gena von Reyn,email=gena.vonreyn@gopeoples.net,O=people s telephone cooperative - tx, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Gena von Reyn</u> | | | | | |
| Title or position of authorized officer or employee: <u>Regulatory Affairs Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>903-878-3172</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442130</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--------------------|--|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SOUTHWEST TEXAS TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee | | Gary Gilmer | | Digitally signed by Gary Gilmer DN:cn=Gary Gilmer,email=gary@swtexas.com,O=southwest texas telephone company,l=Rocksprings TX 78880, Date:3/28/2017 | Date: <u>3/28/2017</u> |
| Printed name of authorized officer or employee: <u>Gary Gilmer</u> | | | | | |
| Title or position of authorized officer or employee: <u>President, CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>830-683-2111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442135</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 3
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Santa Rosa Telephone Coop., Inc.

Signature of authorized officer or employee Jason Tale

Date

3/29/2017

Printed name of authorized officer or employee

Jason Tale

Title or position of authorized officer or employee

Assistant GM/CFO

Telephone number of authorized officer or employee: (940) 886-2014, ext.

Study Area Code of Reporting Carrier

442141

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

3/31/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **South Plains Telephone Cooperative, Inc**

Signature of authorized officer or employee

Scotty Hart

Date

05/11/2017

Printed name of authorized officer or employee

Scotty Hart

Title or position of authorized officer or employee

CEO / General Manager

Telephone number of authorized officer or employee: (806) 763 - 2301 , ext.

Study Area Code of Reporting Carrier

442143

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


June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3050-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|---|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Tatum Telephone Company</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/30/2017</u> |
| Printed name of authorized officer or employee <u>Amanda Molina</u> | | | |
| Title or position of authorized officer or employee <u>Vice President of External Relations</u> | | | |
| Telephone number of authorized officer or employee: (<u>904</u>) <u>259</u> . <u>0029</u> . ext. | | | |
| Study Area Code of Reporting Carrier | <u>442150</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>VALLEY TELEPHONE CO-OP. INC. - TX</u> | | | | | |
| Signature of authorized officer or employee Dave Osborn | | | | <div style="font-size: small;">Digitally signed by Dave Osborn DN:cn=Dave Osborn,email=dave.osborn@vtx1.net,O=valley telephone co-op. inc. - tx,l=Raymondville TX 78580, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Dave Osborn</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>956-642-1124</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>442159</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier XIT Rural Telephone Cooperative, Inc.

Signature of authorized officer or employee Darrell F. Dennis Date 3/23/2017

Printed name of authorized officer or employee Darrell F Dennis

Title or position of authorized officer or employee General Manager

Telephone number of authorized officer or employee: (806) 384 - 3311 , ext.

| | | | | |
|--------------------------------------|---------------|---|------------------|--|
| Study Area Code of Reporting Carrier | <u>442170</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SAN CARLOS APACHE TELECOMM. UTILITY, INC.</u> | | | | | |
| Signature of authorized officer or employee Shirley Ortiz | | | | Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache telecomm. utility, inc.,l=Peridot AZ 85542, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Shirley Ortiz</u> | | | | | |
| Title or position of authorized officer or employee: <u>CEO/General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>928-475-7058</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>452169</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

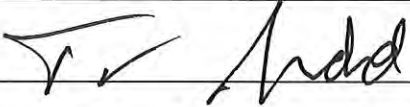
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TOHONO O'ODHAM UTILITY AUTHORITY</u> | | | | | |
| Signature of authorized officer or employee Mike Bethurem | | | | <div style="font-size: small;">Digitally signed by Mike Bethurem DN:cn=Mike Bethurem,email=mike.bethurem@hq.toua.net,O=toho no o'odham utility authority,I=Sells AZ 85634-0816, Date:3/28/2017</div> <div style="float: right;">Date: <u>3/28/2017</u></div> | |
| Printed name of authorized officer or employee: <u>Mike Bethurem</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>520-383-2236</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>452173</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
 APPENDIX 508
 OMB Control No. 0060-0972
 EXHIBIT 4

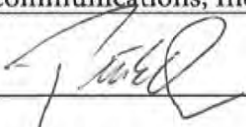
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|---------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>VALLEY TELEPHONE COOPERATIVE AZ/COPPER VALLEY</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>3/28/17</u> |
| Printed name of authorized officer or employee <u>TROY JUDD</u> | | | |
| Title or position of authorized officer or employee <u>CHIEF FINANCIAL OFFICER</u> | | | |
| Telephone number of authorized officer or employee: (<u>520</u>) <u>384</u> - <u>8934</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>452176</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control Number 0460-0972
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER. IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|--|--------|--|-----------|----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent: <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier: <u>Gila River Telecommunications, Inc.</u> | | | | |
| Signature of authorized officer or employee:  | | | | Date: <u>3/27/17</u> |
| Printed name of authorized officer or employee: <u>Peter Quam</u> | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | |
| Telephone number of authorized officer or employee: <u>(520) 796 - 8878</u> , ext. _____ | | | | |
| Study Area Code of Reporting Carrier | 452179 | Filing Due Date for this form (mm/dd/yyyy) | 3/31/2017 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Fort Mojave Tel, Inc.

Signature of authorized officer or employee

Linda Gutierrez

Date

3/27/17

Printed name of authorized officer or employee

Linda Gutierrez

Title or position of authorized officer or employee

GENERAL MANAGER

Telephone number of authorized officer or employee: (*928*) *346* *2521* , ext.

Study Area Code of Reporting Carrier

452200

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

3/31/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier

Midvale Telephone Company - A2

Signature of authorized officer or employee

Nick Ryneason

Date

5/12/17

Printed name of authorized officer or employee

Nick Ryneason

Title or position of authorized officer or employee

CFO

Telephone number of authorized officer or employee: (208) 355 - 2211, ext.

Study Area Code of Reporting Carrier

452226

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TABLE TOP TELEPHONE COMPANY, INC.</u> | | | | | |
| Signature of authorized officer or employee Dan Douglas | | | | <div style="font-size: small;">Digitally signed by Dan Douglas DN:cn=Dan Douglas,email=dand@ponderosatel.com,O=table top telephone company, inc.,l=O'Neals CA 93645, Date:3/25/2017</div> | |
| Date: <u>3/25/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Dan Douglas</u> | | | | | |
| Title or position of authorized officer or employee: <u>Financial Director</u> | | | | | |
| Telephone number of authorized officer or employee: <u>559-868-6395</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>453334</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972
VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

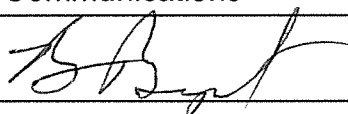
Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Saddleback Communications

Signature of authorized officer or employee



Date

03/29/2017

Printed name of authorized officer or employee

Bill Bryant

Title or position of authorized officer or employee

President/General Manager

Telephone number of authorized officer or employee: (480) 362 - 7001 , ext.

Study Area Code of Reporting Carrier

457991

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>AGATE MUTUAL TELEPHONE COOPERATIVE ASSOC.</u> | | | | | |
| Signature of authorized officer or employee Judy Hollembeak | | | | <small>Digitally signed by Judy Hollembeak DN:cn=Judy Hollembeak,email=jmh@amtca.net,O=agate mutual telephone cooperative assoc.,l=Agate CO 80101, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Judy Hollembeak</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>719-764-2578</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>462178</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|---|--|---|--|---------------------|
| <p align="center">Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>Blanca Telephone Co</u> | | | | |
| Signature of authorized officer or employee <u>[Signature]</u> | | | | Date <u>3/27/17</u> |
| Printed name of authorized officer or employee <u>AIAW wehe</u> | | | | |
| Title or position of authorized officer or employee <u>Manager</u> | | | | |
| Telephone number of authorized officer or employee: <u>(719) 379 3839 ext.</u> | | | | |
| Study Area Code of Reporting Carrier <u>462182</u> | | Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2017</u> | | |
| <p 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> | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>EASTERN SLOPE RURAL TEL ASSN INC</u> | | | | | |
| Signature of authorized officer or employee Patricia White | | | | <small>Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural tel assn inc, =Hugo CO 80821, Date:3/27/2017</small> Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Patricia White</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>719-743-2441</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>462186</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FARMERS TEL CO, INC. - COLORADO</u> | | | | | |
| Signature of authorized officer or employee Douglas Pace | | | | <div style="font-size: small;">Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dpace@ftitel.net,O=farmers tel co, inc. - colorado,l=Pleasant View CO 81331-0369, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Douglas Pace</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>970-562-0058</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>462188</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NUNN TEL. COMPANY</u> | | | | | |
| Signature of authorized officer or employee Greg Grablander | | | | <small>Digitally signed by Greg Grablander DN:cn=Greg Grablander,email=greg@ezlink.com,O=nunn tel. company,l=Nunn CO 80648, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Greg Grablander</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>970-897-2200</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>462194</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **SOUTH PARK TELEPHONE COMPANY**

Signature of authorized officer or employee



Date **05/12/2017**

Printed name of authorized officer or employee **David Shipley**

Title or position of authorized officer or employee **Vice President**

Telephone number of authorized officer or employee: (**719**) **676** - **4151** , ext.

Study Area Code of Reporting Carrier

462195

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

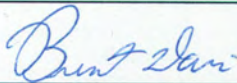
June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
 OMB Control No. 3060-0972
 VOLUME 3
 APPENDIX C
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent National Exchange Carrier Association, Inc. | | | |
| Name of Reporting Carrier PEETZ COOPERATIVE TELEPHONE COMPANY | | | |
| Signature of authorized officer or employee  | | | Date 03/24/2017 |
| Printed name of authorized officer or employee BRENT DAVIS | | | |
| Title or position of authorized officer or employee GENERAL MANAGER | | | |
| Telephone number of authorized officer or employee: (970) 334 - 2220 , ext. | | | |
| Study Area Code of Reporting Carrier | 462196 | Filing Due Date for this form (mm/dd/yyyy) | 3/31/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PHILLIPS COUNTY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Vincent Kropp | | | | Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vince.kropp@pctelcom.org,O=phillips county tel. co.,l=Holyoke CO 80734, Date:3/29/2017 Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Vincent Kropp</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>970-854-2201</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>462197</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PLAINS COOPERATIVE TEL. ASSOC. INC.</u> | | | | | |
| Signature of authorized officer or employee <u>Miriam Berry</u> | | | | <div style="font-size: small;">Digitally signed by Miriam Berry DN:cn=Miriam Berry,email=mab@plainstel.com,O=plains cooperative tel. assoc. inc.,l=Joes CO 80822, Date:3/28/2017</div> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Miriam Berry</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>970-358-4211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>462199</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ROGGEN TELEPHONE COOPERATIVE CO.</u> | | | | | |
| Signature of authorized officer or employee Peggy Manino | | | | Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen telephone cooperative co.,l=Roggen CO 80652-0100, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Peggy Manino</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>303-849-5260</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>462202</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **THE RYE TELEPHONE COMPANY, INC.**

Signature of authorized officer or employee



Date

05/12/2017

Printed name of authorized officer or employee

David Shipley

Title or position of authorized officer or employee

Vice President

Telephone number of authorized officer or employee: (719) 676 - 3131 , ext.

Study Area Code of Reporting Carrier

462203

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>STONEHAM COOPERATIVE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Taya Northrup | | | | Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham cooperative tel. co.,I=Stoneham CO 80754 Date:3/22/2017 | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Taya Northrup</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>970-735-2251</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>462206</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier

WIGGINS TELEPHONE ASSOCIATION

Signature of authorized officer or employee

Terry Hendrickson

Date

5/12/17

Printed name of authorized officer or employee

TERRY HENDRICKSON

Title or position of authorized officer or employee

GM / CEO

Telephone number of authorized officer or employee: (470) 483-7343, ext.

Study Area Code of Reporting Carrier

462209

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

05/12/2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WILLARD TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Aimee Dollerschell | | | | <small>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel. co.,l=Stoneham CO 80754, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Aimee Dollerschell</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>970-228-4571</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>462210</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALBION TEL. CO. D/B/A ATC COMMUNICATIONS</u> | | | | | |
| Signature of authorized officer or employee Julie Laumb | | | | <div style="font-size: small;">Digitally signed by Julie Laumb DN:cn=Julie Laumb,email=juliel@atcnet.net,O=albion tel. co. d/b/a atc communications,l=Albion ID 83311, Date:3/28/2017</div> | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Julie Laumb</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>208-673-5335</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>472213</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CUSTER TEL. COOPERATIVE INC.</u> | | | | | |
| Signature of authorized officer or employee Dennis Thornock | | | | <small>Digitally signed by Dennis Thornock DN:cn=Dennis Thornock,email=dennis@custertel.net,O=custer tel. cooperative inc.,l=Challis ID 83226, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Dennis Thornock</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Executive Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>208-879-2281</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>472218</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FILER MUTUAL TELEPHONE COMPANY - ID</u> | | | | | |
| Signature of authorized officer or employee Bob Kraut | | | | <div style="font-size: small;">Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bobk@fildtel.com,O=filer mutual telephone company - id,j=Filer ID 83328-0089, Date:3/29/2017</div> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Bob Kraut</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO/Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>208-326-4330</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>472220</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1 508
 FCC Form 508
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 OMB Control No. 3060-0972
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | |
|---|---------------|--|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | |
| I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | |
| Name of Reporting Carrier <u>Farmers Mutual Telephone Company</u> | | | | |
|  Signature of authorized officer or employee | | | | Date <u>03/29/2017</u> |
| Printed name of authorized officer or employee <u>Daniel E. Greig</u> | | | | |
| Title or position of authorized officer or employee <u>General Manager</u> | | | | |
| Telephone number of authorized officer or employee: (<u>208</u>) <u>452</u> - <u>2000</u> , ext. | | | | |
| Study Area Code of Reporting Carrier | <u>472221</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier Midvale Telephone Company - Idaho

Signature of authorized officer or employee Nick Rynearson

Date 5/12/17

Printed name of authorized officer or employee Nick Rynearson

Title or position of authorized officer or employee RFO

Telephone number of authorized officer or employee: (208) 355 - 2211, ext.

Study Area Code of Reporting Carrier

472226

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


June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1 508
 OMB Control No. 3060-0972
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Direct Communications Rockland</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/21/2017</u> |
| Printed name of authorized officer or employee <u>Timothy May</u> | | | |
| Title or position of authorized officer or employee <u>General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>208</u>) <u>548</u> - <u>2345</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>472232</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>COLUMBINE TEL. CO. DBA SILVER STAR COMM.</u> | | | | | |
| Signature of authorized officer or employee Kurt Garrard | | | | <div style="font-size: small;">Digitally signed by Kurt Garrard DN:cn=Kurt Garrard,email=kgarrard@silverstar.net,O=columbine tel. co. dba silver star comm.,l=Freedom WY 83120, Date:3/28/2017</div> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Kurt Garrard</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>307-883-6024</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>472295</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>INTERBEL TEL. COOPERATIVE INC.</u> | | | | | |
| Signature of authorized officer or employee Virginia Henke | | | | <div style="font-size: small;">Digitally signed by Virginia Henke DN:cn=Virginia Henke,email=jhenke@interbel.com,O=interbel tel. cooperative inc.,l=Eureka MT 59917, Date:3/23/2017</div> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Virginia Henke</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>406-889-3311</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>482242</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NEMONT TELEPHONE COOP.- MONTANA</u> | | | | | |
| Signature of authorized officer or employe Remi Sun | | | | Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont telephone coop.- montana,l=Scobey MT 59263-0600, Date:3/29/2017 | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Remi Sun</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>406-783-2358</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>482247</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|---|---------------|--|------------------------|
| <p align="center">Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Northern Telephone Cooperative, Inc.</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/28/2017</u> |
| Printed name of authorized officer or employee <u>Rick Neva</u> | | | |
| Title or position of authorized officer or employee <u>CFO</u> | | | |
| Telephone number of authorized officer or employee: (<u>406</u>) <u>937</u> - <u>2114</u> , ext. _____ | | | |
| Study Area Code of Reporting Carrier | <u>482248</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <p 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> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PROJECT TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Remi Sun | | | | Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=project tel. co.,l=Scobey MT 59263-0600, Date:3/29/2017 Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Remi Sun</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>406-783-2358</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>482250</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>3-RIVERS TEL. COOPERATIVE INC.</u> | | | | | |
| Signature of authorized officer or employee Bradley Veis | | | | <small>Digitally signed by Bradley Veis DN:cn=Bradley Veis,email=brad.veis@3rivers.coop,O=3-rivers tel. cooperative inc.,l=Fairfield MT 59436, Date:3/29/2017</small> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Bradley Veis</u> | | | | | |
| Title or position of authorized officer or employee: <u>Director of Finance/CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>406-467-4405</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>482255</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TRIANGLE TEL. COOPERATIVE ASSN. INC.</u> | | | | | |
| Signature of authorized officer or employee Mark Majeres | | | | Digitally signed by Mark Majeres DN:cn=Mark Majeres,email=mmajeres@tsttriangle.net,O=triangle tel. cooperative assn. inc.,l=Havre MT 59501, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mark Majeres</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>406-394-2000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>482257</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TRIANGLE TELEPHONE COOPERATIVE ASSN.,INC.-CMC</u> | | | | | |
| Signature of authorized officer or employee Mark Majeres | | | | Digitally signed by Mark Majeres DN:cn=Mark Majeres,email=mmajeres@itstriangle.net,O=triangle telephone cooperative assn.,inc.-cmc,l=Havre MT 59501 Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mark Majeres</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>406-394-2000</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>483310</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: National Exchange Carrier Association, Inc.

Name of Reporting Carrier: Mescalero Apache Telecom, Inc.

Signature of authorized officer or employee: Melanie O'Reilly Date: 3/29/17

Printed name of authorized officer or employee: Melanie O'Reilly

Title or position of authorized officer or employee: Controller

Telephone number of authorized officer or employee: 575-464-4039

| | | | |
|--------------------------------------|---------------|--|------------------|
| Study Area Code of Reporting Carrier | <u>491231</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

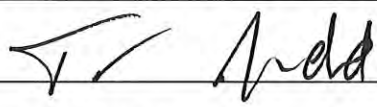
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>DELL TELEPHONE CO-OP. INC.-NM</u> | | | | | |
| Signature of authorized officer or employee Marcy Guillen | | | | <div style="font-size: small;">Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mg Guillen@delcity.com,O= dell telephone co-op. inc.-nm,l=Dell City TX 79837, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Marcy Guillen</u> | | | | | |
| Title or position of authorized officer or employee: <u>Office Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>915-964-2352</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>492066</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
FCC Form 508
APPENDIX A
OMB Control No. 3060-0972
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|---------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>VALLEY TELEPHONE COOPERATIVE -NM</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>3/28/17</u> |
| Printed name of authorized officer or employee <u>TROY JUDD</u> | | | |
| Title or position of authorized officer or employee <u>CHIEF FINANCIAL OFFICER</u> | | | |
| Telephone number of authorized officer or employee: (<u>520</u>) <u>384</u> - <u>8934</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>492176</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BACA VALLEY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Paul Briesh | | | | <small>Digitally signed by Paul Briesh DN:cn=Paul Briesh,email=paulbvt@bacavalley.com,O=bacavalley tel. co.,l=Des Moines NM 88418, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Paul Briesh</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>575-278-2101</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>492259</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>E.N.M.R. TEL COOP. INC.-NM</u> | | | | | |
| Signature of authorized officer or employee Alan Herman | | | | Digitally signed by Alan Herman DN:cn=Alan Herman,email=alanh@plateautel.com,O=e.n.m.r. tel coop. inc.-nm,lc=Clovis NM 88101, Date:3/27/2017 Date: <u>3/27/2017</u> | |
| Printed name of authorized officer or employee: <u>Alan Herman</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>575-389-4212</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>492262</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

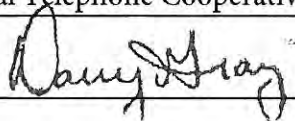
Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier La Jicarita Rural Telephone Cooperative, Inc.

Signature of authorized officer or employee



Date

03/27/17

Printed name of authorized officer or employee Danny Gray

Title or position of authorized officer or employee CEO

Telephone number of authorized officer or employee: (575) 387 - 2216 , ext.

Study Area Code of Reporting Carrier

492263

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>LEACO RURAL TEL. COOPERATIVE INC.</u> | | | | | |
| Signature of authorized officer or employee Dale Snider | | | | <small>Digitally signed by Dale Snider DN:cn=Dale Snider,email=dsnider@leaco.org,O=leaco rural tel. cooperative inc.,l=Hobbs NM 88240, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Dale Snider</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>575-433-4301</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>492264</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>Tularosa Basin Telephone Company, Inc.</u> | | | | | |
| Signature of authorized officer or employee Joshua Beug | | | | <div style="font-size: small;">Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbtc.net,O=tularosa basin telephone company, inc.,l=Tularosa NM 88352, Date:3/28/2017</div> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Joshua Beug</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>575-585-0125</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>492265</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PENASCO VALLEY TEL. COOPERATIVE INC.</u> | | | | | |
| Signature of authorized officer or employee Kevin Bartley | | | | Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel. cooperative inc.,l=Artesia NM 88210, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Kevin Bartley</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>575-748-1241</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>492270</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

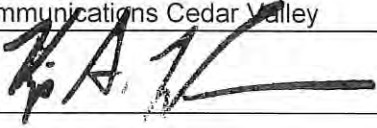
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SACRED WIND COMMUNICATIONS, INC.</u> | | | | | |
| Signature of authorized officer or employee Terry Clark | | | | Digitally signed by Terry Clark DN:cn=Terry Clark,email=tclark@sacred-wind.com,O=sacred wind communications, inc.,l=Albuquerque NM 87109, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Terry Clark</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>505-821-5080</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>493403</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
 FCC Form 508
 OMB Control No. 3060-0972
 APPENDIX C
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Direct Communications Cedar Valley</u> | | | |
| Signature of authorized officer or employee <u>X</u>  | | | Date <u>03/28/2017</u> |
| Printed name of authorized officer or employee <u>Kip Wilson</u> | | | |
| Title or position of authorized officer or employee <u>General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>208</u>) <u>548</u> - <u>2345</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>500758</u> | Filing Due Date for this form <small>(mm/dd/yyyy)</small> | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>EMERY TELEPHONE dba EMERY TELCOM</u> | | | | | |
| Signature of authorized officer or employee Darren Woolsey | | | | <div style="font-size: small;">Digitally signed by Darren Woolsey DN:cn=Darren Woolsey,email=dwoolsey@emerytelcom.com,O=emery telephone dba emery telcom,l=Orangeville UT 84537 Date:3/29/2017</div> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Darren Woolsey</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>435-636-0090</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>502278</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MANTI TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Tami Hansen | | | | Digitally signed by Tami Hansen DN:cn=Tami Hansen,email=tami@mail.manti.com,O=manti telephone company,l=Manti UT 84642, Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Tami Hansen</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>435-835-3391</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>502282</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BEEHIVE TELEPHONE CO., INC., UT</u> | | | | | |
| Signature of authorized officer or employee Ashley Remington | | | | Digitally signed by Ashley Remington DN:cn=Ashley Remington,email=ashley@beehive.net,O=beehive telephone co., inc., ut,l=Lakepoint UT 84074, <i>Date:3/27/2017</i> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Ashley Remington</u> | | | | | |
| Title or position of authorized officer or employee: <u>Billing Lead</u> | | | | | |
| Telephone number of authorized officer or employee: <u>435-837-6128</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>502284</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SOUTH CENTRAL UTAH TEL. ASSN. INC.</u> | | | | | |
| Signature of authorized officer or employee Michael East | | | | Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah tel. assn. inc.,l=Kanab UT 84741, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Michael East</u> | | | | | |
| Title or position of authorized officer or employee: <u>President/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>435-826-4211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>502286</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALL WEST COMMUNICATIONS-UT</u> | | | | | |
| Signature of authorized officer or employee Jenny Prescott | | | | <small>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west communications-ut,l=Kamas UT 84036, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Jenny Prescott</u> | | | | | |
| Title or position of authorized officer or employee: <u>VP Customer Service & Finance</u> | | | | | |
| Telephone number of authorized officer or employee: <u>435-783-4913</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>502288</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>RANGE TEL. COOPERATIVE INC.-WY</u> | | | | | |
| Signature of authorized officer or employee Gail Rainey | | | | Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. cooperative inc.-wy, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Gail Rainey</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>406-347-2859</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>512251</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ALL WEST COMMUNICATIONS-WY</u> | | | | | |
| Signature of authorized officer or employee <u>Jenny Prescott</u> | | | | Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west communications-wy,l=Kamas UT 84036, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Jenny Prescott</u> | | | | | |
| Title or position of authorized officer or employee: <u>VP Customer Service & Finance</u> | | | | | |
| Telephone number of authorized officer or employee: <u>435-783-4913</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>512290</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
 FCC Form 508
 APPENDIX C
 OMB Control No. 3060-0972
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

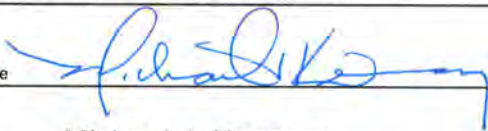
Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Dubois Telephone Exchange, Inc.

Signature of authorized officer or employee



Date 03/24/2017

Printed name of authorized officer or employee

Michael J. Kenney

Title or position of authorized officer or employee

Vice President/General Manager

Telephone number of authorized officer or employee: (307) 455 - 2341 , ext.

Study Area Code of Reporting Carrier

512291

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

3/31/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SILVER STAR TEL. CO.- WY</u> | | | | | |
| Signature of authorized officer or employee Kurt Garrard | | | | <div style="font-size: small;">Digitally signed by Kurt Garrard DN:cn=Kurt Garrard,email=kgarrard@silverstar.net,O=silver star tel. co.- wy,l=Freedom WY 83120, Date:3/28/2017</div> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Kurt Garrard</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>307-883-6024</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>512295</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TRI-COUNTY TEL. ASSN. INC.-WY</u> | | | | | |
| Signature of authorized officer or employee Steven Harper | | | | <small>Digitally signed by Steven Harper DN:cn=Steven Harper,email=steve.harper@tctstaff.com,O=tri-county tel. assn. inc.-wy,l=Cody WY 82414, Date:3/21/2017</small> | |
| Date: <u>3/21/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Steven Harper</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>307-568-2427</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>512296</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Westgate Communications LLC d/b/a WeavTel**

Signature of authorized officer or employee

Richard J Weaver

Date

05/12/2017

Printed name of authorized officer or employee

Richard J Weaver

Title or position of authorized officer or employee

General Manager

Telephone number of authorized officer or employee: (509) 682 - 5556 , ext.

Study Area Code of Reporting Carrier

520580

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

June 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SKYLINE TELECOM COMPANY</u> | | | | | |
| Signature of authorized officer or employee Delinda Kluser | | | | <div style="font-size: small;">Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:3/23/2017</div> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Delinda Kluser</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President, Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>541-932-4411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>520581</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HAT ISLAND TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Frank McIntyre | | | | <div style="font-size: small;">Digitally signed by Frank McIntyre DN:cn=Frank McIntyre,email=frank.mcintyre@whidbeytel.com,O=h at island telephone company,l=Langley WA 98260, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Frank McIntyre</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>360-321-0088</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>522417</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

| | | | | |
|--|--|--|-------------------------------|--|
| <p align="center">Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA</p> <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.</p> | | | | |
| <p>Name of Reporting Carrier HOOD CANAL TELEPHONE CO., INC.</p> | | | | |
| <p>Signature of authorized officer or employee <i>Richard Buechel</i></p> | | | <p>Date 05/12/2017</p> | |
| <p>Printed name of authorized officer or employee RICHARD BUECHEL</p> | | | | |
| <p>Title or position of authorized officer or employee PRESIDENT</p> | | | | |
| <p>Telephone number of authorized officer or employee: (360) 898 - 2760 , ext.</p> | | | | |
| <p>Study Area Code of Reporting Carrier 522419</p> | | <p>Filing Due Date for this form (mm/dd/yyyy) June 2017</p> | | |
| <p>Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>INLAND TELEPHONE COMPANY - WA</u> | | | | | |
| Signature of authorized officer or employee <u>James Brooks</u> | | | | Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - wa,l=Roslyn WA 98941, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>James Brooks</u> | | | | | |
| Title or position of authorized officer or employee: <u>Treasurer/Controller/Reg. Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>509-649-2211</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>522423</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KALAMA TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Rick Vitzthum | | | | Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Rick Vitzthum</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>360-264-3155</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>522426</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MASHELL TELECOM INC.</u> | | | | | |
| Signature of authorized officer or employee Danielle Clausen | | | | Digitally signed by Danielle Clausen DN:cn=Danielle Clausen,email=danielle.clausen@rainierconnect.net,O=mashell telecom inc.,l=Eatonville WA 98328, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Danielle Clausen</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>360-832-4130</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>522431</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
 VOLUME 1
 OMB Control No. 0470-00972
 APPENDIX C
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>St. John Telephone, Inc.</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Eric Trump</u> | | | |
| Title or position of authorized officer or employee <u>General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>509</u>) <u>648</u> - <u>3322</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>522442</u> | Filing Due Date for this form <small>(mm/dd/yyyy)</small> | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TENINO TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Rick Vitzthum | | | | <div style="font-size: small;">Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino tel. co.,l=Tenino WA 98589, Date:3/27/2017</div> | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Rick Vitzthum</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>360-264-3155</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>522446</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TOLEDO TELEPHONE COMPANY INC.</u> | | | | | |
| Signature of authorized officer or employe Philip Cappalonga | | | | <small>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone company inc.,l=Toledo WA 98591, Date:3/29/2017</small> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Philip Cappalonga</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>360-864-2004</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>522447</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
 OMB Control No. 3060-0972
 VOLUME 1
 APPENDIX C
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier WESTERN WAHAKIAKUM COUNTY TELEPHONE CO.

Signature of authorized officer or employee

Carol Larson

Date 3/23/2017

Printed name of authorized officer or employee CAROL LARSON

Title or position of authorized officer or employee

INDUSTRY RELATIONS MANAGER

Telephone number of authorized officer or employee: (360) 465 2211 , ext.

Study Area Code of Reporting Carrier 522451

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>WHIDBEY TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Frank McIntyre | | | | Digitally signed by Frank McIntyre DN:cn=Frank McIntyre,email=frank.mcintyre@whidbeytel.com,O=whidbey tel. co.,l=Langley WA 98260, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Frank McIntyre</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>360-321-0088</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>522452</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

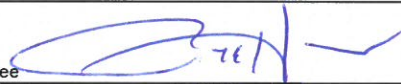
| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>BEAVER CREEK COOPERATIVE TEL. CO.</u> | | | | | |
| Signature of authorized officer or employee Don Rickman | | | | <div style="font-size: small;">Digitally signed by Don Rickman DN:cn=Don Rickman,email=drickman@CBSoregon.com,O=beaver creek cooperative tel. co.,l=Mt. Angel OR 97362, Date:3/28/2017</div> | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Don Rickman</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>503-845-4444</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532359</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Beaver Creek Cooperative Telephone Company**

Signature of authorized officer or employee



Date

08/03/2017

Printed name of authorized officer or employee **Paul E. Hauer**

Title or position of authorized officer or employee **President**

Telephone number of authorized officer or employee: (503) 632 - 6314 , ext.

Study Area Code of Reporting Carrier

532359

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

August 2017

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CANBY TELEPHONE ASSOCIATION</u> | | | | | |
| Signature of authorized officer or employee Don Rickman | | | | <div style="font-size: small;">Digitally signed by Don Rickman DN:cn=Don Rickman,email=drickman@cbsoregon.com,O=canby telephone association,l=Mt. Angel OR 97362, Date:3/28/2017</div> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Don Rickman</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>503-845-4444</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532362</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CLEAR CREEK MUTUAL TELEPHONE CO.</u> | | | | | |
| Signature of authorized officer or employee Mitchell Moore | | | | Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual telephone co.,l=Oregon City OR 97045, Date:3/27/2017 | |
| Date: <u>3/27/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mitchell Moore</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>503-631-2101</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532363</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>COLTON TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Stephanie Sauvageau | | | | <div style="font-size: small;"> Digitally signed by Stephanie Sauvageau DN: cn=Stephanie Sauvageau, email=stephanie@coltontel.com, O=colton telephone company, l=Colton, OR 97017 </div> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Stephanie Sauvageau</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accountant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>503-824-5863</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532364</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>EAGLE TELEPHONE SYSTEM INC.</u> | | | | | |
| Signature of authorized officer or employee Mike Lattin | | | | Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle telephone system inc.,l=Richland OR 97870, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Mike Lattin</u> | | | | | |
| Title or position of authorized officer or employee: <u>Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>541-893-6111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532369</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>GERVAIS TELEPHONE COMPANY DBA DATAVISION</u> | | | | | |
| Signature of authorized officer or employee Renee Willer | | | | Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais telephone company dba datavision,l=Gervais OR 97026 Date:3/29/2017 | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Renee Willer</u> | | | | | |
| Title or position of authorized officer or employee: <u>President/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>503-792-3611</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532373</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HOME TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Delinda Kluser | | | | <div style="font-size: small;">Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=home telephone company,l=Mt. Vernon OR 97865-0609, Date:3/23/2017</div> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Delinda Kluser</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President, Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>541-932-4411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532377</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|------------------|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MOLALLA TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Terry Simms | | | | Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla telephone company,l= , Date:3/24/2017 | |
| Date: <u>3/24/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Terry Simms</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President/CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>503-829-1122</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532383</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>MONITOR COOPERATIVE TELEPHONE CO</u> | | | | | |
| Signature of authorized officer or employee Geri Fraijo | | | | Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor cooperative telephone co,lc=Woodburn OR 97071, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Geri Fraijo</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>503-634-2266</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532384</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

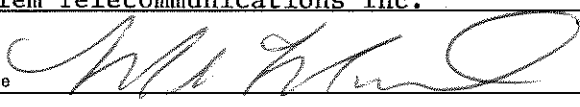
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>CANBY TELEPHONE ASSOCIATION (MT. ANGEL)</u> | | | | | |
| Signature of authorized officer or employee Don Rickman | | | | Digitally signed by Don Rickman DN:cn=Don Rickman,email=drickman@cbsoregon.com,O=canby telephone association (mt. angel),I=Mt. Angel OR 97362 Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Don Rickman</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>503-845-4444</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532386</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
 FCC Form 508
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 OMB Control No. 3060-0972
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|--------|--|--|-----------|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | | | |
| Name of Reporting Carrier <u>Nehalem Telecommunications Inc.</u> | | | | | |
| Signature of authorized officer or employee  | | | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Mark R. Martell</u> | | | | | |
| Title or position of authorized officer or employee <u>Administrative Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>(208) 366 2614</u> , ext. | | | | | |
| Study Area Code of Reporting Carrier | 532387 | | Filing Due Date for this form <small>(mm/dd/yyyy)</small> | 3/31/2017 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>NORTH STATE TELEPHONE COMPANY - OR</u> | | | | | |
| Signature of authorized officer or employee Delinda Kluser | | | | <small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state telephone company - or,l=Mt. Vernon OR 97865-0609, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Delinda Kluser</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President, Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>541-932-4411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532388</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>OREGON TELEPHONE CORPORATION</u> | | | | | |
| Signature of authorized officer or employee Delinda Kluser | | | | Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon telephone corporation,l=Mt. Vernon OR 97865-0609, Date:3/23/2017 | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Delinda Kluser</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President, Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>541-932-4411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532389</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>OREGON-IDAHO UTILITIES, INC.</u> | | | | | |
| Signature of authorized officer or employee Justin Perez | | | | <div style="font-size: small;">Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,l=Nampa ID 83651, Date:3/22/2017</div> | |
| Date: <u>3/22/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Justin Perez</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller / Corporate Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>208-461-7802</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532390</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PEOPLES TELEPHONE CO. - OR</u> | | | | | |
| Signature of authorized officer or employee Curt Thornton | | | | <div style="font-size: small;">Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples telephone co. - or,lc=Stayton OR 97383, Date:3/29/2017</div> | |
| Date: <u>3/29/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Curt Thornton</u> | | | | | |
| Title or position of authorized officer or employee: <u>President/CEO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>503-769-2121</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532391</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>PINE TELEPHONE SYSTEM INC. - OR</u> | | | | | |
| Signature of authorized officer or employee Delinda Kluser | | | | <div style="font-size: small;">Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=pine telephone system inc. - or,l=Mt. Vernon OR 97865-0609, Date:3/23/2017</div> | |
| Date: <u>3/23/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Delinda Kluser</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President, Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>541-932-4411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532392</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>ST. PAUL COOP. TEL. ASSN.</u> | | | | | |
| Signature of authorized officer or employee Nick Schneider | | | | <small>Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st. paul coop. tel. assn.,l=St. Paul OR 97137, Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Nick Schneider</u> | | | | | |
| Title or position of authorized officer or employee: <u>General Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>503-633-2111</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532396</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
 OMB Control No. 060-0972
 APPENDIX
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Scio Mutual Telephone Association</u> | | | |
| Signature of authorized officer or employee <u>Tom Barth</u> | | | Date <u>03/28/2017</u> |
| Printed name of authorized officer or employee <u>Thomas J. Barth</u> | | | |
| Title or position of authorized officer or employee <u>CEO/General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>503</u>) <u>394</u> - <u>3366</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>532397</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>STAYTON COOP. TEL CO</u> | | | | | |
| Signature of authorized officer or employee Don Rickman | | | | <div style="font-size: small;">Digitally signed by Don Rickman DN:cn=Don Rickman,email=drickman@CBSoregon.com,O=stayton coop. tel co,l=Mt. Angel OR 97362, Date:3/29/2017</div> Date: <u>3/29/2017</u> | |
| Printed name of authorized officer or employee: <u>Don Rickman</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>503-845-4444</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>532399</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
EXHIBIT 4


TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>OREGON TELEPHONE CORPORATION (MTE-OREGON)</u> | | | | | |
| Signature of authorized officer or employee Delinda Kluser | | | | <small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon telephone corporation (mte-oregon),l=Mt. Vernon OR 97865-0609, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Delinda Kluser</u> | | | | | |
| Title or position of authorized officer or employee: <u>Vice President, Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>541-932-4411</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>533336</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

VOLUME 1
 FCC Form 508
 APPENDIX C
 OMB Control No. 3060-0972
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|--|---------------|--|-----------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| <p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Calaveras Telephone Company</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>3/28/2017</u> |
| Printed name of authorized officer or employee <u>Rose Cullen</u> | | | |
| Title or position of authorized officer or employee <u>Chief Financial Officer</u> | | | |
| Telephone number of authorized officer or employee: (<u>209</u>) <u>785</u> - <u>2211</u> , ext. | | | |
| Study Area Code of Reporting Carrier | <u>542301</u> | Filing Due Date for this form <small>(mm/dd/yyyy)</small> | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
 OMB Control No. 3060-0972
 VOLUME 1
 APPENDIX C
 EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Ducor Telephone Company, Inc.

Signature of authorized officer or employee

Carol Rodriguez

Date

03/28/2017

Printed name of authorized officer or employee

Carol Rodriguez

Title or position of authorized officer or employee

Vice President

Telephone number of authorized officer or employee: (661) 834 - 7700 , ext.

Study Area Code of Reporting Carrier

542313

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

3/31/2017

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

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FORESTHILL TELEPHONE COMPANY DBA SEBASTIAN</u> | | | | | |
| Signature of authorized officer or employee Lorrie Clark | | | | Digitally signed by Lorrie Clark DN:cn=Lorrie Clark,email=lclark@sebastiancorp.com,O=foresthill telephone company dba sebastian,J=Kerman CA 93630, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Lorrie Clark</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting /Regulatory Assistant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>559-846-4969</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>542318</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>KERMAN TELEPHONE COMPANY DBA SEBASTIAN</u> | | | | | |
| Signature of authorized officer or employee Lorrie Clark | | | | <small>Digitally signed by Lorrie Clark DN:cn=Lorrie Clark,email=lclark@sebastiancorp.com,O=kerman telephone company dba sebastian,J=Kerman CA 93630 Date:3/28/2017</small> Date: <u>3/28/2017</u> | |
| Printed name of authorized officer or employee: <u>Lorrie Clark</u> | | | | | |
| Title or position of authorized officer or employee: <u>Accounting /Regulatory Assistant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>559-846-4969</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>542324</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>THE PONDEROSA TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Dan Douglas | | | | <small>Digitally signed by Dan Douglas DN:cn=Dan Douglas,email=dand@ponderosatel.com,O=the ponderosa telephone company,l=O'Neals CA 93645, Date:3/25/2017</small> | |
| Date: <u>3/25/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Dan Douglas</u> | | | | | |
| Title or position of authorized officer or employee: <u>Financial Director</u> | | | | | |
| Telephone number of authorized officer or employee: <u>559-868-6395</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>542332</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>SIERRA TELEPHONE COMPANY, INC.</u> | | | | | |
| Signature of authorized officer or employee Cynthia Huber | | | | <small>Digitally signed by Cynthia Huber DN:cn=Cynthia Huber,email=cindyh@stcg.net,O=sierra telephone company, inc.,l=Oakhurst CA 93644, Date:3/23/2017</small> Date: <u>3/23/2017</u> | |
| Printed name of authorized officer or employee: <u>Cynthia Huber</u> | | | | | |
| Title or position of authorized officer or employee: <u>President</u> | | | | | |
| Telephone number of authorized officer or employee: <u>559-642-0209</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>542338</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>THE SISKIYOU TELEPHONE CO.</u> | | | | | |
| Signature of authorized officer or employee Amber Stewart | | | | Digitally signed by Amber Stewart DN:cn=Amber Stewart,email=a.stewart@siskiyoutelephone.com,O=the siskiyou telephone co.,l=Etna CA 96027, Date:3/22/2017 Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Amber Stewart</u> | | | | | |
| Title or position of authorized officer or employee: <u>Access Revenues Manager</u> | | | | | |
| Telephone number of authorized officer or employee: <u>530-467-6154</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>542339</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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542343
EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>VOLCANO TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Brenda Shepard | | | | Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company,l=Pine Grove CA 95665, Date:3/28/2017 | |
| Date: <u>3/28/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Brenda Shepard</u> | | | | | |
| Title or position of authorized officer or employee: <u>Chief Financial Officer</u> | | | | | |
| Telephone number of authorized officer or employee: <u>209-296-1447</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>542343</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972


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EXHIBIT 4

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>FILER MUTUAL TELEPHONE COMPANY - NV</u> | | | | | |
| Signature of authorized officer or employee Bob Kraut | | | | Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bobk@fildtel.com,O=filer mutual telephone company - nv,I=Filer ID 83328-0089, Date:3/29/2017 | Date: <u>3/29/2017</u> |
| Printed name of authorized officer or employee: <u>Bob Kraut</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO/Controller</u> | | | | | |
| Telephone number of authorized officer or employee: <u>208-326-4330</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>552220</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support
Mechanism
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

| | | | |
|---|---------------|--|------------------------|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | |
| I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4). | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u> | | | |
| Name of Reporting Carrier <u>Churchill County Telephone & Telegraph</u> | | | |
| Signature of authorized officer or employee  | | | Date <u>03/27/2017</u> |
| Printed name of authorized officer or employee <u>Mark Feest</u> | | | |
| Title or position of authorized officer or employee <u>CEO/General Manager</u> | | | |
| Telephone number of authorized officer or employee: (<u>775</u>) <u>423</u> - <u>7171</u> , ext. <u>1401</u> | | | |
| Study Area Code of Reporting Carrier | <u>552349</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>HUMBOLDT TELEPHONE COMPANY</u> | | | | | |
| Signature of authorized officer or employee Justin Perez | | | | <div style="font-size: small;">Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt telephone company,l=Nampa ID 83651, Date:3/22/2017</div> Date: <u>3/22/2017</u> | |
| Printed name of authorized officer or employee: <u>Justin Perez</u> | | | | | |
| Title or position of authorized officer or employee: <u>Controller / Corporate Secretary</u> | | | | | |
| Telephone number of authorized officer or employee: <u>208-461-7802</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>553304</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

| | | | |
|--|----------------------|---|-------------------------------|
| <p align="center">Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA</p> <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.</p> | | | |
| <p>Name of Reporting Carrier Sandwich Isles Communications, Inc.</p> | | | |
| <p>Signature of authorized officer or employee <i>A. Tawarahara</i></p> | | | <p>Date 05/12/2017</p> |
| <p>Printed name of authorized officer or employee A Tawarahara</p> | | | |
| <p>Title or position of authorized officer or employee Controller</p> | | | |
| <p>Telephone number of authorized officer or employee: (808) 540 - 5775 , ext.</p> | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>623021</p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>June 2017</p> |
| <p>Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

VOLUME 1
APPENDIX C
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|---|--|------------------------|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>TELEGUAM HOLDINGS, LLC</u> | | | | | |
| Signature of authorized officer or employee | | <u>John Brady</u> <small>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings, llc,l=Tamuning GU 96913, Date:3/20/2017</small> | | Date: <u>3/20/2017</u> | |
| Printed name of authorized officer or employee: <u>John Brady</u> | | | | | |
| Title or position of authorized officer or employee: <u>CFO</u> | | | | | |
| Telephone number of authorized officer or employee: <u>671-644-0013</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>663800</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |

FCC Form 508
Connect America Fund Broadband Loop Support Mechanism
Projected Annual Common Line Revenue Requirement Form

FCC Form 508
OMB Control No. 3060-0972

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FORM 508 ON THE CARRIER'S BEHALF:

| | | | | | |
|--|---------------|--|--|---|--|
| Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier | | | | | |
| <p>I certify that <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p> | | | | | |
| Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u> | | | | | |
| Name of Reporting Carrier: <u>AMERICAN SAMOA TELECOMMUNICATIONS AUTHORITY</u> | | | | | |
| Signature of authorized officer or employee Chris Danielson | | | | <div style="font-size: small;">Digitally signed by Chris Danielson DN:cn=Chris Danielson,email=chris.danielson@astca.net,O=american samoa telecommunications authority,lc= , Date:3/21/2017</div> | |
| Date: <u>3/21/2017</u> | | | | | |
| Printed name of authorized officer or employee: <u>Chris Danielson</u> | | | | | |
| Title or position of authorized officer or employee: <u>Lead Accountant</u> | | | | | |
| Telephone number of authorized officer or employee: <u>684-633-1121</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>673900</u> | | Filing Due Date for this form (mm/dd/yyyy) | <u>3/31/2017</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. | | | | | |