

VOLUME 1

APPENDIX C Exhibit 3

CARRIER CERTIFICATIONS Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OXFORD WEST TEL CO					
Signature of Authorized Officer: Dawna Hannan				<small>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford west tel co,=Lewiston ME 04240, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Dawna Hannan					
Title or position of Authorized Officer: Director Regulatory Affairs					
Telephone number of Authorized Officer: 207-333-3455					
Study Area Code of Reporting Carrier	100002		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LINCOLNVILLE NETWORKS					
Signature of Authorized Officer: Shirley Manning				<small>Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@intelco.net,O=lincolnvillenetwrks, = , Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Shirley Manning					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 207-563-9941					
Study Area Code of Reporting Carrier	100003		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COMMUNITY SERVICE					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=community service,l= , Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	100015		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OXFORD COUNTY TEL					
Signature of Authorized Officer: Dawna Hannan				<small>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford county tel,l=Lewiston ME 04240, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Dawna Hannan					
Title or position of Authorized Officer: Director Regulatory Affairs					
Telephone number of Authorized Officer: 207-333-3455					
Study Area Code of Reporting Carrier	100019		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Union River Telephone Company	
Signature of Authorized Officer			Date		
<i>William S. Silsby Jr</i>			05/22/2017		
Printed name of Authorized Officer					
William S. Silsby, Jr.					
Title or position of Authorized Officer					
President/General Manager					
Telephone number of Authorized Officer: (207) 584-9911 ext.					
Study Area Code of Reporting Carrier		100027	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **UNITEL, INC.**

Signature of Authorized Officer: **Laurie Osgood**

Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@unitel.me,O=unitel, inc.,I=Unity ME 04988-0165, Date:5/25/2017

Date: **5/25/2017**

Printed name of Authorized Officer: **Laurie Osgood**

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

Telephone number of Authorized Officer: **207-948-9952**

Study Area Code of Reporting Carrier	100029		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Magna5 RTC LLC			
Signature of Authorized Officer: 			Date: 5-30-17
Printed name of Authorized Officer: Joseph O'Hara			
Title or position of Authorized Officer: Chief Financial Officer			
Telephone number of Authorized Officer: (214) 624-9969 ext.			
Study Area Code of Reporting Carrier	110737	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Bretton Woods Telephone Company, Inc.	
Signature of Authorized Officer			<i>Karen M. Wante</i>		
Date			05/17/17		
Printed name of Authorized Officer				Karen M. Wante	
Title or position of Authorized Officer				Vice President	
Telephone number of Authorized Officer:				(603) 278-9911 ext.	
Study Area Code of Reporting Carrier		120038	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GRANITE STATE TEL					
Signature of Authorized Officer: Susan King				<small>Digitally signed by Susan King DN:cn=Susan King,email=srand@gstnetworks.com,O=granite state tel,l=Weare NH 03281, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Susan King					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 603-529-9941					
Study Area Code of Reporting Carrier	120039		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DIXVILLE TEL CO					
Signature of Authorized Officer: Ann Walsh				<small>Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,l= , Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Ann Walsh					
Title or position of Authorized Officer: Assistant Secretary					
Telephone number of Authorized Officer: 781-402-1731					
Study Area Code of Reporting Carrier	120042		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DUNBARTON TEL CO					
Signature of Authorized Officer: David Montgomery				Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:5/16/2017	
Date: 5/16/2017					
Printed name of Authorized Officer: David Montgomery					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 603-774-9911					
Study Area Code of Reporting Carrier	120043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FRANKLIN TEL CO - VT**

Signature of Authorized Officer: **Kimberly Gates Maynard**

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:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Kimberly Gates Maynard**

Title or position of Authorized Officer: **Treasurer**

Telephone number of Authorized Officer: **802-285-9911**

Study Area Code of Reporting Carrier

140053

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				TOPSHAM TELEPHONE COMPANY, INC.	
Signature of Authorized Officer			Mark De Perriore		Date
Printed name of Authorized Officer			MARK DE PERRIOR		05/16/2017
Title or position of Authorized Officer				CONTROLLER	
Telephone number of Authorized Officer: (315) 327-5911 ext.					
Study Area Code of Reporting Carrier	14068		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WAITSFIELD/FAYSTON					
Signature of Authorized Officer: Roger Nishi				<small>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wvt.com,O=waitsfield/fayston,l=Waitsfield VT 05673, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Roger Nishi					
Title or position of Authorized Officer: Vice President - Industry Relations					
Telephone number of Authorized Officer: 802-496-8336					
Study Area Code of Reporting Carrier	140069		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VERMONT TEL. CO-VT					
Signature of Authorized Officer: Fran Stocker				<small>Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt,l= , Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Fran Stocker					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 802-885-7745					
Study Area Code of Reporting Carrier	147332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ARMSTRONG TEL CO-NY					
Signature of Authorized Officer: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel co-ny,l= , Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Mark Rankin					
Title or position of Authorized Officer: Vice President Finance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	150071		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BERKSHIRE TEL CORP					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=berkshire tel corp, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	150073		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Cassadga Telephone Corporation**

Signature of Authorized Officer 

Date **05/30/2017**

Printed name of Authorized Officer **Mark R. Maytum**

Title or position of Authorized Officer **President, COO**

Telephone number of Authorized Officer: **(716) 673-3000** ext.

Study Area Code of Reporting Carrier **150076**

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CHAMPLAIN TEL CO**

Signature of Authorized Officer: **Mark Webster**

Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel co,=Champlain NY 12919, Date:5/25/2017

Date: **5/25/2017**

Printed name of Authorized Officer: **Mark Webster**

Title or position of Authorized Officer: **Controller**

Telephone number of Authorized Officer: **518-298-2480**

Study Area Code of Reporting Carrier

150077

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHAUTAUQUA & ERIE					
Signature of Authorized Officer: Michael Skrivan				Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=chautauqua & erie,l= , Date:5/23/2017	
Date: 5/23/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	150078		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>CITIZENS TELEPHONE COMPANY OF HAMMOND, NEW YORK, INC.</u>				
Signature of Authorized Officer <u>Mark De Perria</u>				Date <u>05/16/2017</u>
Printed name of Authorized Officer <u>MARK DE PERRIA</u>				
Title or position of Authorized Officer <u>CONTROLLER</u>				
Telephone number of Authorized Officer: <u>(215) 324-5911 ext.</u>				
Study Area Code of Reporting Carrier	<u>150081</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TACONIC TEL CORP					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=taconic tel corp, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	150084		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CROWN POINT TEL CORP					
Signature of Authorized Officer: 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:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Shana Macey					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 518-597-3300					
Study Area Code of Reporting Carrier	150085		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **DELHI TEL CO**

Signature of Authorized Officer: **Jason Miller**

Digitally signed by Jason Miller DN:cn=Jason Miller,email=jason@delhitel.com,O=delhi tel co,l=Delhi NY 13753, Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Jason Miller**

Title or position of Authorized Officer: **Vice President/Treasurer**

Telephone number of Authorized Officer: **607-746-1524**

Study Area Code of Reporting Carrier

150088

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

6/16/2017

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

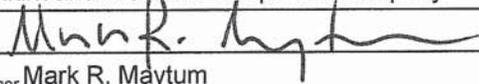
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Dunkirk and Fredonia Telephone Company**

Signature of Authorized Officer



Date **05/30/2017**

Printed name of Authorized Officer **Mark R. Maytum**

Title or position of Authorized Officer **President, COO**

Telephone number of Authorized Officer: **(716) 673-3000** ext.

Study Area Code of Reporting Carrier

150091

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: EMPIRE TEL CORP					
Signature of Authorized Officer: Tom Prestigiacom				<small>Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Tom Prestigiacom					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 607-522-4237					
Study Area Code of Reporting Carrier	150093		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FISHERS ISLAND TEL					
Signature of Authorized Officer: J. Finan				<small>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: J. Finan					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 631-788-7251					
Study Area Code of Reporting Carrier	150095		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GERMANTOWN TEL CO					
Signature of Authorized Officer: Bruce Bohnsack				<small>Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel co,l=Germantown NY 12526, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Bruce Bohnsack					
Title or position of Authorized Officer: President and CEO					
Telephone number of Authorized Officer: 518-537-4835					
Study Area Code of Reporting Carrier	150097		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HANCOCK TEL CO					
Signature of Authorized Officer: Robert Wrighter, Jr				<small>Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Robert Wrighter, Jr					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 607-637-9912					
Study Area Code of Reporting Carrier	150099		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MARGARETVILLE TEL CO					
Signature of Authorized Officer: Glen Faulkner				<small>Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel co,l=Margaretville NY 12455, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Glen Faulkner					
Title or position of Authorized Officer: Asst Secretary / Treasurer					
Telephone number of Authorized Officer: 845-586-3311					
Study Area Code of Reporting Carrier	150104		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDDLEBURGH TEL CO					
Signature of Authorized Officer: Marjorie Becker				<small>Digitally signed by Marjorie Becker DN:cn=Marjorie Becker,email=info@midtel.net,O=middleburgh tel co,l=Middleburgh NY 12122-0191, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Marjorie Becker					
Title or position of Authorized Officer: CEO & General Manager					
Telephone number of Authorized Officer: 518-827-5211					
Study Area Code of Reporting Carrier	150105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NEWPORT TEL CO					
Signature of Authorized Officer: Joseph Tomaino				<small>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,l=Newport NY 13416, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Joseph Tomaino					
Title or position of Authorized Officer: Vice President of Operations					
Telephone number of Authorized Officer: 315-845-8112					
Study Area Code of Reporting Carrier	150107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NICHOLVILLE TEL CO					
Signature of Authorized Officer: Jeffrey McGrath				<small>Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Jeffrey McGrath					
Title or position of Authorized Officer: Vice President/Regulatory					
Telephone number of Authorized Officer: 315-328-5333					
Study Area Code of Reporting Carrier	150108		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ONEIDA COUNTY RURAL					
Signature of Authorized Officer: Heather Kirkland				<small>Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural,l= , Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Heather Kirkland					
Title or position of Authorized Officer: Director of Finance & Accounting					
Telephone number of Authorized Officer: 315-865-5201					
Study Area Code of Reporting Carrier	150111		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ONTARIO TEL CO, INC.					
Signature of Authorized Officer: Sean Socha				<small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= , Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer: Sean Socha					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 585-433-6666					
Study Area Code of Reporting Carrier	150112		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PATTERSONVILLE TEL**

Signature of Authorized Officer: **Tammy Krisher**

Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel,l=Rotterdam Junc NY 12150, Date:5/19/2017

Date: **5/19/2017**

Printed name of Authorized Officer: **Tammy Krisher**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **518-887-2121**

Study Area Code of Reporting Carrier

150116

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: STATE TEL CO					
Signature of Authorized Officer: 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:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Mark Evans					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 518-731-6128					
Study Area Code of Reporting Carrier	150125		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRUMANSBURG TEL CO.					
Signature of Authorized Officer: Sean Socha				<small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=trumansburg tel co.,l= , Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer: Sean Socha					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 585-433-6666					
Study Area Code of Reporting Carrier	150131		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Alteva of Warwick LLC			
Signature of Authorized Officer <i>Charles Richardson</i>			Date 5-25-17
Printed name of Authorized Officer Charles E. Richardson			
Title or position of Authorized Officer VP and General Counsel			
Telephone number of Authorized Officer: (205) 978-4411 , ext.			
Study Area Code of Reporting Carrier	150135	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier Alteva of Warwick LLC					
Signature of Authorized Officer <i>Charles Richardson</i>				Date 5-25-17	
Printed name of Authorized Officer Charles E. Richardson					
Title or position of Authorized Officer VP and General Counsel					
Telephone number of Authorized Officer: (205) 978-4411 , ext.					
Study Area Code of Reporting Carrier	160135	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BENTLEYVILLE TEL CO					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=bentleyville tel co,l= , Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	170145		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Citizens Telephone Company of Kecksburg				
Signature of Authorized Officer			<i>Arnold K. Cutrell</i>			Date		5/25/2017
Printed name of Authorized Officer				Arnold K. Cutrell				
Title or position of Authorized Officer				Treasurer				
Telephone number of Authorized Officer: (724) 424-4444 ext.								
Study Area Code of Reporting Carrier		170156		Filing Due Date for this form (mm/dd/yyyy)		6/16/2017		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>								

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HICKORY TEL CO					
Signature of Authorized Officer: Terri Jeffers				<small>Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tlj@hky.com,O=hickory tel co,= , Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Terri Jeffers					
Title or position of Authorized Officer: Regulatory Director					
Telephone number of Authorized Officer: 724-356-2211					
Study Area Code of Reporting Carrier	170171		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LACKAWAXEN TELECOM					
Signature of Authorized Officer: Deborah Szmyd				<small>Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,l=Rowland PA 18457, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Deborah Szmyd					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 570-685-1096					
Study Area Code of Reporting Carrier	170177		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MARIANNA - SCENERY					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=marianna-scenery,lc= , Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	170185		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ARMSTRONG TEL CO-PA					
Signature of Authorized Officer: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel co-pa, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Mark Rankin					
Title or position of Authorized Officer: Vice President Finance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	170189		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTH-EASTERN PA TEL					
Signature of Authorized Officer: Steven Tourje				<small>Digitally signed by Steven Tourje DN:cn=Steven Tourje,email=stourje@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Steven Tourje					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 570-785-2216					
Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NORTH PENN TEL CO**

Signature of Authorized Officer: **Tom Prestigiacomo**

Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Tom Prestigiacomo**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **607-522-4237**

Study Area Code of Reporting Carrier	170192		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ARMSTRONG TEL NORTH					
Signature of Authorized Officer: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel north,l= , Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Mark Rankin					
Title or position of Authorized Officer: Vice President Finance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	170195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PALMERTON TEL CO					
Signature of Authorized Officer: Timothy Hausman				Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton tel co,l= , Date:5/17/2017	
Date: 5/17/2017					
Printed name of Authorized Officer: Timothy Hausman					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 610-826-9433					
Study Area Code of Reporting Carrier	170196		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PENNSYLVANIA TEL CO**

Signature of Authorized Officer: **Mary Davis**

Digitally signed by Mary Davis DN:cn=Mary Davis, email=patelco@ovalinternet.net,O=pennsylvania tel co, Date:5/30/2017

Date: **5/30/2017**

Printed name of Authorized Officer: **Mary Davis**

Title or position of Authorized Officer: **Vice President**

Telephone number of Authorized Officer: **570-745-7101**

Study Area Code of Reporting Carrier

170197

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PYMATUNING IND TEL					
Signature of Authorized Officer: Amanda Molina				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=pymatuning ind tel, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	170200		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SOUTH CANAAN TEL CO					
Signature of Authorized Officer: James Kail				<small>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtot.com,O=south canaan tel co,l=Stahlstown PA 15687-0168, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: James Kail					
Title or position of Authorized Officer: CEO & President					
Telephone number of Authorized Officer: 724-593-2411					
Study Area Code of Reporting Carrier	170205		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **VENUS TEL CORP**

Signature of Authorized Officer: **Janice Kline**
Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel corp,I=Venus PA 16364, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Janice Kline**

Title or position of Authorized Officer: **General Manager and Asst. Sec/Treas.**

Telephone number of Authorized Officer: **814-354-6400**

Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WEST SIDE TEL CO-PA**

Signature of Authorized Officer: **John Ludenia**

Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **John Ludenia**

Title or position of Authorized Officer: **V.P. Operations, General manager**

Telephone number of Authorized Officer: **304-983-8642**

Study Area Code of Reporting Carrier

170277

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ARMSTRONG TEL OF MD					
Signature of Authorized Officer: Mark Rankin				Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel of md,l= , Date:5/30/2017	
Date: 5/30/2017					
Printed name of Authorized Officer: Mark Rankin					
Title or position of Authorized Officer: Vice President Finance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	180216		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Buggs Island Telephone Cooperative			
Signature of Authorized Officer <i>Michele Taylor</i>		Date 5-24-17	
Printed name of Authorized Officer Michele Taylor			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (434) 636-2274 ext.			
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BURKE'S GARDEN TEL					
Signature of Authorized Officer: Missy Lynch				<small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgcco.net,O=burke's garden tel, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Missy Lynch					
Title or position of Authorized Officer: Office Manager/Secretary					
Telephone number of Authorized Officer: 276-472-2345					
Study Area Code of Reporting Carrier	190220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CITIZENS TEL COOP					
Signature of Authorized Officer: Greg Sapp				<small>Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel coop,l=Floyd VA 24091-0137, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Greg Sapp					
Title or position of Authorized Officer: CEO & General Manager					
Telephone number of Authorized Officer: 540-745-2111					
Study Area Code of Reporting Carrier	190225		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MGW TEL. CO. INC.					
Signature of Authorized Officer: Sheri Smith				<small>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc., Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Sheri Smith					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 540-925-5235					
Study Area Code of Reporting Carrier	190238		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NEW HOPE TEL COOP					
Signature of Authorized Officer: Laurie Hensley				<small>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,I=New Hope VA 24469, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Laurie Hensley					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 540-363-6277					
Study Area Code of Reporting Carrier	190239		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Pembroke Telephone Cooperative				
Signature of Authorized Officer			<i>Leon Law</i>			Date		05/22/2017
Printed name of Authorized Officer				Leon A. Law				
Title or position of Authorized Officer				President				
Telephone number of Authorized Officer: (540) 626-7111 ext.								
Study Area Code of Reporting Carrier		190243		Filing Due Date for this form (mm/dd/yyyy)		6/16/2017		

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PEOPLES MUTUAL TEL					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=peoples mutual tel, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	190244		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SCOTT COUNTY COOP					
Signature of Authorized Officer: Daniel Odom				<small>Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Daniel Odom					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 276-452-7224					
Study Area Code of Reporting Carrier	190248		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SHENANDOAH TEL CO					
Signature of Authorized Officer: Jay Turtora				<small>Digitally signed by Jay Turtora DN:cn=Jay Turtora,email=Jay.turtora@emp.shentel.com,O=shenand oah tel co,l= , Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Jay Turtora					
Title or position of Authorized Officer: V.P. Accounting & Planning					
Telephone number of Authorized Officer: 540-984-5295					
Study Area Code of Reporting Carrier	190250		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SHENANDOAH - NR					
Signature of Authorized Officer: Jay Turtora				<small>Digitally signed by Jay Turtora DN:cn=Jay Turtora,email=Jay.turtora@emp.shentel.com,O=shenandoah - nr, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Jay Turtora					
Title or position of Authorized Officer: V.P. Accounting & Planning					
Telephone number of Authorized Officer: 540-984-5295					
Study Area Code of Reporting Carrier	197251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ARMSTRONG OF WV					
Signature of Authorized Officer: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrankin@agoc.com,O=armstrong of wv,lc=US, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Mark Rankin					
Title or position of Authorized Officer: Vice President Finance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SPRUCE KNOB SENECA					
Signature of Authorized Officer: Vickie Colaw				<small>Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,I=Riverton WV 26814-0100, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Vickie Colaw					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 304-567-2121					
Study Area Code of Reporting Carrier	200257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HARDY TELECOM					
Signature of Authorized Officer: Scott Sherman				<small>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,l= , Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Scott Sherman					
Title or position of Authorized Officer: General Manager & CEO					
Telephone number of Authorized Officer: 304-897-9911					
Study Area Code of Reporting Carrier	200259		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ARMSTRONG TEL. CO.					
Signature of Authorized Officer: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.,l= , Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Mark Rankin					
Title or position of Authorized Officer: Vice President Finance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	200267		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WEST SIDE TEL-WV					
Signature of Authorized Officer: John Ludenia				<small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel-wv,l= , Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: John Ludenia					
Title or position of Authorized Officer: V.P. Operations, General manager					
Telephone number of Authorized Officer: 304-983-8642					
Study Area Code of Reporting Carrier	200277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GTC, INC.					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=gtc, inc.,l= , Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	210291		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GTC, INC.					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=gtc, inc.,l= , Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	210329		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ITS TELECOMM. SYS.**

Signature of Authorized Officer: **Bruce Russell**

Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=brucer@itstelecom.net,O=its telecomm. sys.,l=Indiantown FL 34956, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer: **Bruce Russell**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **772-597-2106**

Study Area Code of Reporting Carrier

210331

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTHEAST FLORIDA					
Signature of Authorized Officer: Amanda Molina				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=northeast florida,lc=US, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	210335		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GTC, INC.					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=gtc, inc.,I= , Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	210339		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALMA TEL CO					
Signature of Authorized Officer: Kevin Brooks				<small>Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel co,l=Alma GA 31510, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Kevin Brooks					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 912-632-8603					
Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BRANTLEY TEL CO					
Signature of Authorized Officer: Donovan Strickland				<small>Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:5/25/2017</small> Date: 5/25/2017	
Printed name of Authorized Officer: Donovan Strickland					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 912-462-5111					
Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

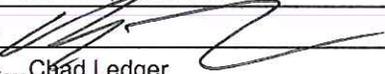
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BULLOCH COUNTY RURAL					
Signature of Authorized Officer: John Scott				<small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: John Scott					
Title or position of Authorized Officer: General Manager/COO					
Telephone number of Authorized Officer: 912-865-1100					
Study Area Code of Reporting Carrier	220348		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer 

Date **May 18, 2017**

Printed name of Authorized Officer **Chad Ledger**

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

Telephone number of Authorized Officer: **(229) 874-4145** ext.

Study Area Code of Reporting Carrier	220355	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Darien Telephone Company			
Signature of Authorized Officer <i>Mary Lou Forsyth</i>		Date 5-17-17	
Printed name of Authorized Officer Mary Lou Forsyth			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (912) 437-6611 ext.			
Study Area Code of Reporting Carrier	220358	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GLENWOOD TEL CO					
Signature of Authorized Officer: Janice O'Brien				Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,=Glenwood GA 30428-0235, Date:5/22/2017	
Date: 5/22/2017					
Printed name of Authorized Officer: Janice O'Brien					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 912-523-5111					
Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier Hart Telephone Company					
Signature of Authorized Officer <i>Randy Daniel</i>			Date 05/17/2017		
Printed name of Authorized Officer Randy Daniel					
Title or position of Authorized Officer President					
Telephone number of Authorized Officer: (706) 376-4701 , ext.					
Study Area Code of Reporting Carrier	220368	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PEMBROKE TEL CO					
Signature of Authorized Officer: Mary Anna Hite				<small>Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel co,l=Pembroke GA 31321, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Mary Anna Hite					
Title or position of Authorized Officer: Secretary-Treasurer/General Manager					
Telephone number of Authorized Officer: 912-653-4389					
Study Area Code of Reporting Carrier	220376		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PLANTERS RURAL COOP					
Signature of Authorized Officer: John Lacienski				<small>Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural coop,l=Newington GA 30446, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: John Lacienski					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 912-857-4411					
Study Area Code of Reporting Carrier	220378		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PLANT TEL. CO.					
Signature of Authorized Officer: Gordon Duff				<small>Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@plantel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Gordon Duff					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 229-528-4777					
Study Area Code of Reporting Carrier	220379		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

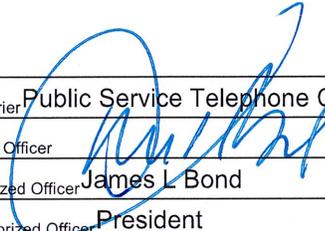
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PROGRESSIVE RURAL					
Signature of Authorized Officer: Ron Chambers				<small>Digitally signed by Ron Chambers DN:cn=Ron Chambers,email=ron.chambers@prtc.co,O=progressive rural,l=Rentz GA 31075, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Ron Chambers					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 478-984-4201					
Study Area Code of Reporting Carrier	220380		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Public Service Telephone Company			
Signature of Authorized Officer: 			Date: 05/30/2017
Printed name of Authorized Officer: James L Bond			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (478) 847-4111, ext.			
Study Area Code of Reporting Carrier	220381	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **TRENTON TEL CO**

Signature of Authorized Officer: **Steven Tatum**

Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel co,l= , Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Steven Tatum**

Title or position of Authorized Officer: **Vice President**

Telephone number of Authorized Officer: **706-657-4367**

Study Area Code of Reporting Carrier

220389

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WAVERLY HALL, LLC					
Signature of Authorized Officer: Deborah Rand				<small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall, llc,l= , Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Deborah Rand					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 603-472-9786					
Study Area Code of Reporting Carrier	220392		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

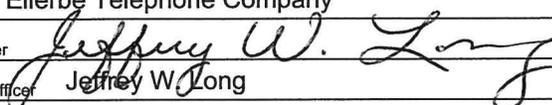
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BARNARDSVILLE TEL CO					
Signature of Authorized Officer: Eric Cramer				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=barnardsville tel co,l= , Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	230469		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

10

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

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

Name of Reporting Carrier				Ellerbe Telephone Company	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Jeffrey W. Long		5/23/17
Title or position of Authorized Officer			Vice President		
Telephone number of Authorized Officer: (910) 652-2221 ext.					
Study Area Code of Reporting Carrier		230478	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

10

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

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

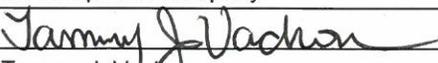
Name of Reporting Carrier				North State Telephone Company dba North State Communications	
Signature of Authorized Officer		<i>Lynn B. Welborn</i>		Date	
				05/24/2017	
Printed name of Authorized Officer				Lynn B. Welborn	
Title or position of Authorized Officer				Executive Vice President and Chief Administrative Officer	
Telephone number of Authorized Officer:				(336) 886-3766 ext.	
Study Area Code of Reporting Carrier	230491	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

10

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

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

Name of Reporting Carrier				Pineville Telephone Company		
Signature of Authorized Officer					Date	5-30-2017
Printed name of Authorized Officer			Tammy J. Vachon			
Title or position of Authorized Officer			Communications Director			
Telephone number of Authorized Officer: (704) 889-2001 ext.						
Study Area Code of Reporting Carrier		230494	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **RANDOLPH MEMBERSHIP**

Signature of Authorized Officer: **Kimberly Garner**

Digitally signed by Kimberly Garner DN:cn=Kimberly Garner,email=kgarner@rtmc.coop,O=randolph membership,lc= , Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Kimberly Garner**

Title or position of Authorized Officer: **CEO/General Manager**

Telephone number of Authorized Officer: **336-879-7911**

Study Area Code of Reporting Carrier

230496

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SURRY MEMBERSHIP**

Signature of Authorized Officer: **Curtis Taylor**

Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/18/2017

Date: **5/18/2017**

Printed name of Authorized Officer: **Curtis Taylor**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **336-374-4535**

Study Area Code of Reporting Carrier

230497

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SALUDA MOUNTAIN TEL					
Signature of Authorized Officer: Eric Cramer				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=saluda mountain tel,lc=, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	230498		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SERVICE TEL CO					
Signature of Authorized Officer: Eric Cramer				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=service tel co,l= , Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	230500		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SURRY MEMBERSHIP					
Signature of Authorized Officer: Curtis Taylor				<small>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Curtis Taylor					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 336-374-4535					
Study Area Code of Reporting Carrier	230503		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRI COUNTY TEL MEMBR					
Signature of Authorized Officer: Gregory Coltrain				<small>Digitally signed by Gregory Coltrain DN:cn=Gregory Coltrain,email=greg@gotricounty.biz,O=tri county tel membr,l=Belhaven NC 27810, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Gregory Coltrain					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 252-964-8000					
Study Area Code of Reporting Carrier	230505		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WILKES MEMBERSHIP					
Signature of Authorized Officer: Eric Cramer				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes membership,l= , Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	230510		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PALMETTO RURAL COOP					
Signature of Authorized Officer: Dewaine Wilson				<small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop,l= , Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Dewaine Wilson					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 843 538-9382					
Study Area Code of Reporting Carrier	240536		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PBT TELECOM, INC.					
Signature of Authorized Officer: L. Spearman				<small>Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttel.net,O=pbt telecom, inc., Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer: L. Spearman					
Title or position of Authorized Officer: Director of Business Development					
Telephone number of Authorized Officer: 803-894-1104					
Study Area Code of Reporting Carrier	240539		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SANDHILL TEL COOP					
Signature of Authorized Officer: Lee Chambers				<small>Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sandhill tel coop,l=Jefferson SC 29718, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Lee Chambers					
Title or position of Authorized Officer: CEO/Manager					
Telephone number of Authorized Officer: 843-658-6379					
Study Area Code of Reporting Carrier	240546		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WEST CAROLINA RURAL**

Signature of Authorized Officer: **Jeff Wilson**

Digitally signed by Jeff Wilson DN:cn=Jeff Wilson,email=jeff.wilson@wctel.com,O=west carolina rural,l=Abbeville SC 29620-0610, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer: **Jeff Wilson**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **864-446-9251**

Study Area Code of Reporting Carrier	240550		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

4-5

TO BE COMPLETED BY THE REPORTING CARRIER,

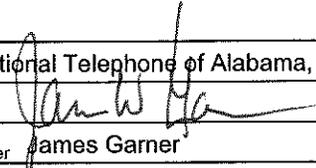
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

Name of Reporting Carrier <i>Castleberry Telephone Co., Inc</i>			
Signature of Authorized Officer <i>Homer Holland</i>		Date <i>5-24-17</i>	
Printed name of Authorized Officer <i>Homer Holland</i>			
Title or position of Authorized Officer <i>Sec/Treas</i>			
Telephone number of Authorized Officer <i>(251) 966-2115</i>			
Study Area Code of Reporting Carrier	<i>250285</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</i>

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

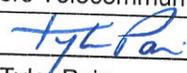
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier National Telephone of Alabama, Inc.				
Signature of Authorized Officer 				Date 5/05/2017
Printed name of Authorized Officer James Garner				
Title or position of Authorized Officer Vice President of Operations				
Telephone number of Authorized Officer: (601) 354-9070 ext.				
Study Area Code of Reporting Carrier	250286		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Farmers Telecommunications Cooperative, Inc.	
Signature of Authorized Officer				Date	
				05/24/2017	
Printed name of Authorized Officer				Tyler Pair	
Title or position of Authorized Officer				CFO	
Telephone number of Authorized Officer:				(256) 638-2144 ext.	
Study Area Code of Reporting Carrier		250290	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HAYNEVILLE TEL CO					
Signature of Authorized Officer: Evelyn Causey				<small>Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel co,l=Hayneville AL 36040, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Evelyn Causey					
Title or position of Authorized Officer: President/COO					
Telephone number of Authorized Officer: 334-548-2101					
Study Area Code of Reporting Carrier	250299		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MILLRY TEL CO					
Signature of Authorized Officer: Paul Brown, Jr.				<small>Digitally signed by Paul Brown, Jr. DN:cn=Paul Brown, Jr.,email=gene@millry.com,O=millry tel co,I=Millry AL 36558, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Paul Brown, Jr.					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 251-846-2911					
Study Area Code of Reporting Carrier	250304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MON-CRE TEL COOP					
Signature of Authorized Officer: Teresa Rich				<small>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,I=Ramer AL 36069, Date:5/25/2017</small> Date: 5/25/2017	
Printed name of Authorized Officer: Teresa Rich					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 334-562-3242					
Study Area Code of Reporting Carrier	250305		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MOUNDVILLE TEL CO					
Signature of Authorized Officer: 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:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: R. Taylor					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 205-371-9011					
Study Area Code of Reporting Carrier	250307		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

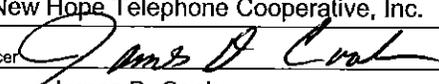
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier New Hope Telephone Cooperative, Inc.

Signature of Authorized Officer



Date

5/30/17

Printed name of Authorized Officer James D. Cook

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer: (256) 723-4211, ext.

Study Area Code of Reporting Carrier

250308

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

6/16/2017

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

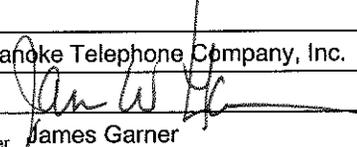
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PINE BELT TEL CO					
Signature of Authorized Officer: John Nettles				<small>Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel co,l=Arlington AL 36722, Date:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer: John Nettles					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 334-385-2106					
Study Area Code of Reporting Carrier	250315		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RAGLAND TEL CO					
Signature of Authorized Officer: Matthew Jackson				<small>Digitally signed by Matthew Jackson DN:cn=Matthew Jackson,email=mattjackson@ragland.net,O=ragland tel co,l=Ragland AL 35131, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Matthew Jackson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 205-472-2141					
Study Area Code of Reporting Carrier	250316		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

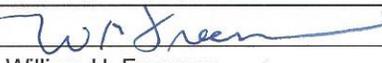
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Roanoke Telephone Company, Inc.			
Signature of Authorized Officer 			Date 5/05/2017
Printed name of Authorized Officer James Garner			
Title or position of Authorized Officer Vice President of Operations			
Telephone number of Authorized Officer: (601) 354-9070 ext.			
Study Area Code of Reporting Carrier	250317	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Union Springs Telephone Co Inc.			
Signature of Authorized Officer					Date	5/19/2017	
Printed name of Authorized Officer			William H. Freeman				
Title or position of Authorized Officer			President				
Telephone number of Authorized Officer:			(334) 738-4400 ext.				
Study Area Code of Reporting Carrier		250322	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BALLARD RURAL COOP					
Signature of Authorized Officer: Randy Grogan				<small>Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,l=La Center KY 42056, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Randy Grogan					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 270-665-5186					
Study Area Code of Reporting Carrier	260396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				BRANDENBURG TELEPHONE COMPANY, INC.	
Signature of Authorized Officer			Date 05/17/2017		
Printed name of Authorized Officer			ALLISON WILLOUGHBY		
Title or position of Authorized Officer			GENERAL MANAGER		
Telephone number of Authorized Officer: (270) 422-2121 ext.					
Study Area Code of Reporting Carrier		260398	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DUO COUNTY TEL COOP					
Signature of Authorized Officer: Daryl Hammond				<small>Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Daryl Hammond					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 270-343-3131					
Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FOOTHILLS RURAL COOP					
Signature of Authorized Officer: Ruth Conley				<small>Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Ruth Conley					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 606-297-9131					
Study Area Code of Reporting Carrier	260406		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LOGAN TEL. COOP. INC					
Signature of Authorized Officer: 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, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Gregory Hale					
Title or position of Authorized Officer: General Manager/Executive V.P.					
Telephone number of Authorized Officer: 270-542-4121					
Study Area Code of Reporting Carrier	260413		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier Mountain Telephone Coop. Corp., Inc.</p>			
<p>Signature of Authorized Officer <i>Jimmie Jones</i></p>			<p>Date 05/17/2017</p>
<p>Printed name of Authorized Officer Jimmie Jones</p>			
<p>Title or position of Authorized Officer President</p>			
<p>Telephone number of Authorized Officer: (606) 743-3121 ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>260414</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PEOPLES RURAL COOP					
Signature of Authorized Officer: Keith Gabbard				<small>Digitally signed by Keith Gabbard DN:cn=Keith Gabbard,email=keith.gabbard@prtc.org,O=peoples rural coop,I=McKee KY 40447, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Keith Gabbard					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 606-287-7101					
Study Area Code of Reporting Carrier	260415		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: THACKER/GRIGSBY TEL					
Signature of Authorized Officer: William Grigsby				<small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,l=Hindman KY 41822, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: William Grigsby					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 606-785-9500					
Study Area Code of Reporting Carrier	260419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

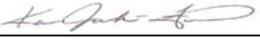
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WEST KENTUCKY RURAL					
Signature of Authorized Officer: Karen Jackson-Furman				Digitally signed by Karen Jackson-Furman DN:cn=Karen Jackson-Furman,email=kfurman.wk@wk.net,O=west kentucky rural, Date:5/18/2017	
Date: 5/18/2017					
Printed name of Authorized Officer: Karen Jackson-Furman					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 270-856-9988					
Study Area Code of Reporting Carrier	260421		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier West Kentucky and Tennessee Telecommunications Cooperative			
Signature of Authorized Officer 			Date 07.07.17
Printed name of Authorized Officer Karen Jackson-Furman			
Title or position of Authorized Officer COO/CFO			
Telephone number of Authorized Officer: (270) 856-9988 , ext. _____			
Study Area Code of Reporting Carrier	260421	Filing Due Date for this form (mm/dd/yyyy)	July 2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CAMERON TEL CO - LA					
Signature of Authorized Officer: Bruce Petry				<small>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co - la,l=Sulphur LA 70664-0167, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Bruce Petry					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 337-583-2092					
Study Area Code of Reporting Carrier	270425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CAMPTI-PLEASANT HILL					
Signature of Authorized Officer: Tom Edens				<small>Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campiti-pleasant hill,l=Natchitoches LA 71458, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Tom Edens					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 318-352-0014					
Study Area Code of Reporting Carrier	270426		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **DELCAMBRE TEL CO**

Signature of Authorized Officer: **Matt Le Blanc**

Digitally signed by Matt Le Blanc DN:cn=Matt Le Blanc,email=delitel@delcambre.net,O=delcambre tel co,lc=, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Matt Le Blanc**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **337-685-2342**

Study Area Code of Reporting Carrier

270428

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ELIZABETH TEL CO					
Signature of Authorized Officer: Bruce Petry				<small>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel co,l=Sulphur LA 70664-0167, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Bruce Petry					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 337-583-2092					
Study Area Code of Reporting Carrier	270430		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Kaplan Telephone Company	
Signature of Authorized Officer		Date 05/17/2017	
Printed name of Authorized Officer		Richard Constantin	
Title or position of Authorized Officer		Controller	
Telephone number of Authorized Officer: (337) 643-7171, ext.			
Study Area Code of Reporting Carrier	270432	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LAFOURCHE TEL CO					
Signature of Authorized Officer: Peter Louviere				<small>Digitally signed by Peter Louviere DN:cn=Peter Louviere,email=peter.louviere@corp.viscom.net,O=lafourche tel co,l=Larose LA 70373, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Peter Louviere					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 985-693-0265					
Study Area Code of Reporting Carrier	270433		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTHEAST LOUISIANA					
Signature of Authorized Officer: Mike George				<small>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,l=Collinston LA 71229, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Mike George					
Title or position of Authorized Officer: President / General Manager					
Telephone number of Authorized Officer: 318-874-7011					
Study Area Code of Reporting Carrier	270435		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

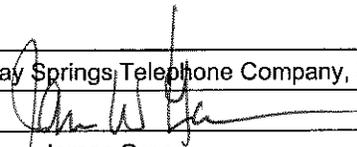
Name of Reporting Carrier				Reserve Telephone Company, Inc.		
Signature of Authorized Officer			Annette A. Faircloth		Date	05/26/2017
Printed name of Authorized Officer			Annette A. Faircloth			
Title or position of Authorized Officer			Vice President of Finance			
Telephone number of Authorized Officer: (985) 536-1271 ext.						
Study Area Code of Reporting Carrier		270438	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: STAR TEL CO					
Signature of Authorized Officer: Rebecca Knighten				<small>Digitally signed by Rebecca Knighten DN:cn=Rebecca Knighten,email=rebeccaknighten@star.brcoxmail.com,O=star tel co, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Rebecca Knighten					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 225-926-0191					
Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
<div style="text-align: center;">  </div>				
Name of Reporting Carrier Bay Springs Telephone Company, Inc.		Date 5/05/2017		
Signature of Authorized Officer		Date		
Printed name of Authorized Officer James Garner				
Title or position of Authorized Officer Vice President of Operations				
Telephone number of Authorized Officer: (601) 354-9070 ext.				
Study Area Code of Reporting Carrier	280446	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **DECATUR TEL CO -MS**

Signature of Authorized Officer: **Esther Smith, PhD**

Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel co -ms,l=Decatur MS 39327, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Esther Smith, PhD**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **601-635-2251**

Study Area Code of Reporting Carrier

280451

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DELTA TEL CO					
Signature of Authorized Officer: Brooks DerryBerry				<small>Digitally signed by Brooks DerryBerry DN:cn=Brooks DerryBerry,email=bderryberry@telapexinc.com,O=delta tel co,l= , Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Brooks DerryBerry					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 601-355-1522					
Study Area Code of Reporting Carrier	280452		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FRANKLIN TEL CO - MS					
Signature of Authorized Officer: Tom Griffin				<small>Digitally signed by Tom Griffin DN:cn=Tom Griffin,email=tgriffin@franklintelephone.com,O=franklin tel co - ms,l=Bude MS 39630, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Tom Griffin					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 601-384-3390					
Study Area Code of Reporting Carrier	280454		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GEORGETOWN TEL CO**

Signature of Authorized Officer: **Joie Miller**

Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlco.com,O=georgetown tel co,l=Georgetown MS 39078, Date:5/19/2017

Date: **5/19/2017**

Printed name of Authorized Officer: **Joie Miller**

Title or position of Authorized Officer: **Vice President**

Telephone number of Authorized Officer: **601-858-2211**

Study Area Code of Reporting Carrier

280456

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LAKESIDE TEL. CO.**

Signature of Authorized Officer: **Robert Sledge Jr.**

Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Robert Sledge Jr.**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **662-569-3311**

Study Area Code of Reporting Carrier

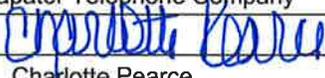
280457

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier: Noxapater Telephone Company				
Signature of Authorized Officer: 				Date: 05/24/2017
Printed name of Authorized Officer: Charlotte Pearce				
Title or position of Authorized Officer: Vice President				
Telephone number of Authorized Officer: (601) 764-3171 ext.				
Study Area Code of Reporting Carrier	280461	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2017	
<p style="text-align: center; font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SLEDGE TEL CO					
Signature of Authorized Officer: Robert Sledge Jr.				<small>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Robert Sledge Jr.					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 662-569-3311					
Study Area Code of Reporting Carrier	280466		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ARDMORE TEL CO					
Signature of Authorized Officer: Karen Jackson-Furman				Digitally signed by Karen Jackson-Furman DN:cn=Karen Jackson-Furman,email=kfurman.wk@wk.net,O=ardmore tel co, Date:5/18/2017	
Date: 5/18/2017					
Printed name of Authorized Officer: Karen Jackson-Furman					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 270-856-9988					
Study Area Code of Reporting Carrier	290280		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Ben Lomand Rural Telephone Cooperative, Inc.				
Signature of Authorized Officer <i>Lisa Cope</i>				Date 5-2-2017
Printed name of Authorized Officer Lisa Cope				
Title or position of Authorized Officer General Manager / CEO				
Telephone number of Authorized Officer: (931) 668-4131 , ext.				
Study Area Code of Reporting Carrier	290553	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	5/30/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Bledsoe Telephone Cooperative, Inc.

Signature of Authorized Officer

John Lee Downey

Date 5-23-17

Printed name of Authorized Officer John Lee Downey

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (423) 447-2121, ext.

Study Area Code of Reporting Carrier

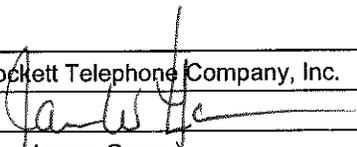
290554

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier Crockett Telephone Company, Inc.</p>			
<p>Signature of Authorized Officer </p>			<p>Date 5/05/2017</p>
<p>Printed name of Authorized Officer James Garner</p>			
<p>Title or position of Authorized Officer Vice President of Operations</p>			
<p>Telephone number of Authorized Officer: (601) 354-9070 ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>290561</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2017</p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **DEKALB TEL COOP**

Signature of Authorized Officer: **Joe Mitchell**
Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=joem@dtccom.net,O=dekalb tel coop,l=Alesandria TN 37012, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Joe Mitchell**

Title or position of Authorized Officer: **Controller**

Telephone number of Authorized Officer: **615-464-2254**

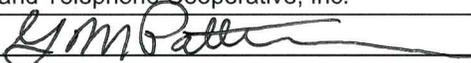
Study Area Code of Reporting Carrier	290562		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Highland Telephone Cooperative, Inc.				
Signature of Authorized Officer 			Date 5/30/2017	
Printed name of Authorized Officer G. Mark Patterson				
Title or position of Authorized Officer Chief Executive Officer				
Telephone number of Authorized Officer: (423) 628-2750 ext.				
Study Area Code of Reporting Carrier	290565	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		<i>Loretto Telephone Company Inc.</i>	
Signature of Authorized Officer	<i>Desda K. Hutchins</i>	Date	<i>05/17/17</i>
Printed name of Authorized Officer		<i>Desda K. Hutchins</i>	
Title or position of Authorized Officer		<i>President, CEO</i>	
Telephone number of Authorized Officer: <i>931 (853-4351) ext.</i>			
Study Area Code of Reporting Carrier	<i>290570</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</i>

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

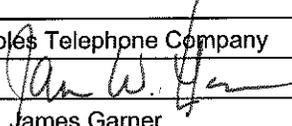
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTH CENTRAL COOP					
Signature of Authorized Officer: Johnny McClanahan				<small>Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central coop,l=Lafayette TN 37083, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Johnny McClanahan					
Title or position of Authorized Officer: VP Finance and Adm. Services					
Telephone number of Authorized Officer: 615-666-2151					
Study Area Code of Reporting Carrier	290573		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Peoples Telephone Company	
Signature of Authorized Officer			Date		
			5/05/2017		
Printed name of Authorized Officer					
James Garner					
Title or position of Authorized Officer					
Vice President of Operations					
Telephone number of Authorized Officer: (601) 354-9070 ext.					
Study Area Code of Reporting Carrier		290576	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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

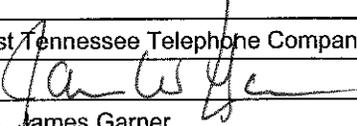
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: UTC-TN-UNITED COMM					
Signature of Authorized Officer: William Bradford				<small>Digitally signed by William Bradford DN:cn=William Bradford,email=wbradford@united.net,O=utc-tn-united comm,l=Chapel Hill TN 37034, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: William Bradford					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 931-364-4322					
Study Area Code of Reporting Carrier	290581		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				West Tennessee Telephone Company, Inc.	
Signature of Authorized Officer			Date		
			5/05/2017		
Printed name of Authorized Officer					
James Garner					
Title or position of Authorized Officer					
Vice President of Operations					
Telephone number of Authorized Officer: (601) 354-9070 ext.					
Study Area Code of Reporting Carrier		290583		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2017	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WEST KY COOP-TN					
Signature of Authorized Officer: Karen Jackson-Furman				<small>Digitally signed by Karen Jackson-Furman DN:cn=Karen Jackson-Furman,email=kfurman.wk@wk.net,O=west ky coop-tn, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Karen Jackson-Furman					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 270-856-9988					
Study Area Code of Reporting Carrier	290598		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: THE ARTHUR MUTUAL					
Signature of Authorized Officer: Eric Roughton				<small>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual, Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer: Eric Roughton					
Title or position of Authorized Officer: General Manager/Sec'y/Treasurer					
Telephone number of Authorized Officer: 419-393-2233					
Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: AYERSVILLE TEL CO					
Signature of Authorized Officer: Phil Maag				Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville telco,l= , Date:5/23/2017	
Date: 5/23/2017					
Printed name of Authorized Officer: Phil Maag					
Title or position of Authorized Officer: Sec./Treas. & General Manager					
Telephone number of Authorized Officer: 419-395-2222					
Study Area Code of Reporting Carrier	300588		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BASCOM MUTUAL TEL CO					
Signature of Authorized Officer: Laura Wise				<small>Digitally signed by Laura Wise DN:cn=Laura Wise,email=law@bascomtelephone.com,O=bascom mutual tel co, =Bascom OH 44809-0316, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Laura Wise					
Title or position of Authorized Officer: Board Assistant Treasurer					
Telephone number of Authorized Officer: 419-937-2222					
Study Area Code of Reporting Carrier	300589		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BENTON RIDGE TEL CO					
Signature of Authorized Officer: Martin Ellerbrock				<small>Digitally signed by Martin Ellerbrock DN:cn=Martin Ellerbrock,email=martin@watchtv.net,O=benton ridge tel co,l= , Date:5/29/2017</small> Date: 5/29/2017	
Printed name of Authorized Officer: Martin Ellerbrock					
Title or position of Authorized Officer: General Manager & Vice President					
Telephone number of Authorized Officer: 419-859-2245					
Study Area Code of Reporting Carrier	300590		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Buckland Telephone Company			
Signature of Authorized Officer <i>Douglas G. Place</i>			Date 5-24-17
Printed name of Authorized Officer Douglas G. Place			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (419) 657-2222 , ext.			
Study Area Code of Reporting Carrier	300591	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **THE CHAMPAIGN TEL CO**

Signature of Authorized Officer: **Tiffany Ebersold**

Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co, Date:5/24/2017

Date: **5/24/2017**

Printed name of Authorized Officer: **Tiffany Ebersold**

Title or position of Authorized Officer: **Chief Financial Officer**

Telephone number of Authorized Officer: **937-653-2263**

Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MCCLURE TEL CO					
Signature of Authorized Officer: Lance Miller				<small>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel co,l=McClure OH 43534-0026, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Lance Miller					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 419-748-8032					
Study Area Code of Reporting Carrier	300598		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COLUMBUS GROVE TEL					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=columbus grove tel, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	300604		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CONNEAUT TEL CO					
Signature of Authorized Officer: Deanna Brown				<small>Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel co,l=Conneaut OH 44030, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Deanna Brown					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 440-593-7138					
Study Area Code of Reporting Carrier	300606		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DOYLESTOWN TEL CO					
Signature of Authorized Officer: Thomas Brockman				Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=tbrockman@doylestowntelephone.com,O=doylestown tel co,l= , Date:5/19/2017	
Date: 5/19/2017					
Printed name of Authorized Officer: Thomas Brockman					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 330-658-2121					
Study Area Code of Reporting Carrier	300609		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS MUTUAL TEL					
Signature of Authorized Officer: Cheryl Bostelman				<small>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=farmers mutual tel, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Cheryl Bostelman					
Title or position of Authorized Officer: Secretary/General Manager					
Telephone number of Authorized Officer: 419-758-3303					
Study Area Code of Reporting Carrier	300612		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FORT JENNINGS TEL CO					
Signature of Authorized Officer: 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:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Michael Metzger					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 419-286-2181					
Study Area Code of Reporting Carrier	300614		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GERMANTOWN INDEPEND					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=germantown independ, = , Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	300618		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GLANDORF TEL CO					
Signature of Authorized Officer: David Hunt				<small>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel co,l=Glandorf OH 45848, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: David Hunt					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 419-538-6987					
Study Area Code of Reporting Carrier	300619		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KALIDA TEL CO					
Signature of Authorized Officer: Chris Phillips				<small>Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Chris Phillips					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 419-532-3218					
Study Area Code of Reporting Carrier	300625		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDDLE POINT HOME					
Signature of Authorized Officer: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,lc=, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	300633		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MINFORD TEL CO					
Signature of Authorized Officer: Paula McGraw				<small>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Paula McGraw					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 740-820-2151					
Study Area Code of Reporting Carrier	300634		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: THE NEW KNOXVILLE					
Signature of Authorized Officer: Preston Meyer				<small>Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=preston@nktelco.net,O=the new knoxville, =New Knoxville OH 45871-0219, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Preston Meyer					
Title or position of Authorized Officer: Sales Manager/Chief Operating Officer					
Telephone number of Authorized Officer: 419-753-2457					
Study Area Code of Reporting Carrier	300639		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **THE NOVA TEL CO**

Signature of Authorized Officer: **Charles Mattingly**

Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=the nova tel co,l=Judson TX 75660, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Charles Mattingly**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **903-663-0099**

Study Area Code of Reporting Carrier

300644

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ORWELL TEL CO**

Signature of Authorized Officer: **Michael Skrivan**

Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=orwell tel co,lc=, Date:5/24/2017

Date: **5/24/2017**

Printed name of Authorized Officer: **Michael Skrivan**

Title or position of Authorized Officer: **Vice-President Regulatory**

Telephone number of Authorized Officer: **207-535-4150**

Study Area Code of Reporting Carrier	300649		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OTTOVILLE MUTUAL					
Signature of Authorized Officer: William Honigford				<small>Digitally signed by William Honigford DN:cn=William Honigford,email=billh@ottovillemutual.com,O=ottoville mutual,l=Ottoville OH 45876-0427, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: William Honigford					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 419-453-3324					
Study Area Code of Reporting Carrier	300650		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

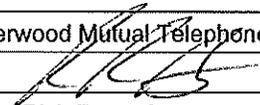
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PATTERSONVILLE TEL					
Signature of Authorized Officer: Aaron Jones				<small>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,l=Carrollton OH 44615, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Aaron Jones					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 330-895-4391					
Study Area Code of Reporting Carrier	300651		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RIDGEVILLE TEL CO					
Signature of Authorized Officer: Matthew Eggers				<small>Digitally signed by Matthew Eggers DN:cn=Matthew Eggers,email=olg1355@bright.net,O=ridgeville tel co,l=Ridgeville Corners OH 43555, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Matthew Eggers					
Title or position of Authorized Officer: President, Board of Directors					
Telephone number of Authorized Officer: 419-267-5185					
Study Area Code of Reporting Carrier	300654		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Sherwood Mutual Telephone Association, Inc.			
Signature of Authorized Officer 			Date 05/30/2017
Printed name of Authorized Officer Rick Rostorfer			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (419) 899-2121 ext.			
Study Area Code of Reporting Carrier	300656	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
<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>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SYCAMORE TEL CO					
Signature of Authorized Officer: Richard Ekleberry II			Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@syclco.com,O=sycamore tel co,l= , Date:5/26/2017	Date: 5/26/2017	
Printed name of Authorized Officer: Richard Ekleberry II					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 419-927-6012					
Study Area Code of Reporting Carrier	300658		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TELEPHONE SERVICE					
Signature of Authorized Officer: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,= , Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VAUGHNSVILLE TEL CO					
Signature of Authorized Officer: Martha Kaplan				<small>Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaghnsville tel co,l=Vaughnsville OH 45893-0127, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Martha Kaplan					
Title or position of Authorized Officer: Manager/Secretary/Treasurer					
Telephone number of Authorized Officer: 419-646-3431					
Study Area Code of Reporting Carrier	300663		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WABASH MUTUAL TEL CO					
Signature of Authorized Officer: Mike Boley				<small>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel co,l= , Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Mike Boley					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 419-942-1111					
Study Area Code of Reporting Carrier	300664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALLBAND COMM COOP					
Signature of Authorized Officer: Ron Siegel				Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop, Date:5/25/2017	
Date: 5/25/2017					
Printed name of Authorized Officer: Ron Siegel					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 989-369-9999					
Study Area Code of Reporting Carrier	310542		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BARAGA TEL CO					
Signature of Authorized Officer: Paul Stark				<small>Digitally signed by Paul Stark DN:cn=Paul Stark,email=mikef@up.net,O=baraga tel co,l=Baraga MI 49908, Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Paul Stark					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 906-353-6644					
Study Area Code of Reporting Carrier	310675		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BARRY COUNTY TEL CO					
Signature of Authorized Officer: David Stoll				<small>Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,l=Delton MI 49046, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: David Stoll					
Title or position of Authorized Officer: GM/CEO					
Telephone number of Authorized Officer: 269-623-9971					
Study Area Code of Reporting Carrier	310676		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Blanchard Telephone Co			
Signature of Authorized Officer <i>Betsy A. Ashbaugh</i>			Date 5/17/17
Printed name of Authorized Officer Betsy A. Ashbaugh			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (989) 561-9930 ext.			
Study Area Code of Reporting Carrier	310678	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BLOOMINGDALE TEL CO					
Signature of Authorized Officer: Steve Shults				<small>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomin gdale tel co, = , Date:5/30/2017</small> Date: 5/30/2017	
Printed name of Authorized Officer: Steve Shults					
Title or position of Authorized Officer: Assistant Treasurer					
Telephone number of Authorized Officer: 269-521-7313					
Study Area Code of Reporting Carrier	310679		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Carr Telephone Company				
Signature of Authorized Officer <i>Teresa Bogner</i>			Date 05/18/2017	
Printed name of Authorized Officer Teresa Bogner				
Title or position of Authorized Officer Secretary				
Telephone number of Authorized Officer: (231) 898-2244 ext.				
Study Area Code of Reporting Carrier	310683		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLIMAX TEL CO					
Signature of Authorized Officer: Stacey Hamlin				<small>Digitally signed by Stacey Hamlin DN:cn=Stacey Hamlin,email=shamlin@ctstelecom.com,O=climax tel co,l=Climax MI 49034, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Stacey Hamlin					
Title or position of Authorized Officer: President and Ceo					
Telephone number of Authorized Officer: 269-746-4411					
Study Area Code of Reporting Carrier	310688		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>Deerfield Farmers Telephone Co.</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>05/18/2017</u>
Printed name of Authorized Officer <u>David LaRocca</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>734)279-5510</u> ext.			
Study Area Code of Reporting Carrier	<u>310691</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

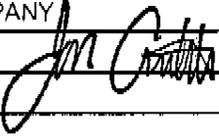
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Chapin Telephone Company			
Signature of Authorized Officer <i>Laurie S. Ringle</i>			Date 5/30/17
Printed name of Authorized Officer Laurie S. Ringle			
Title or position of Authorized Officer Treasurer			
Telephone number of Authorized Officer: (989) 661-2476 ext			
Study Area Code of Reporting Carrier	310694	Filing Due Date for this form (mm/dd/yyyy)	5/30/17
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier		KALEVA TELEPHONE COMPANY	
Signature of Authorized Officer			
Printed name of Authorized Officer		JON W. CRIBBS	
Title or position of Authorized Officer		PRESIDENT	
Telephone number of Authorized Officer: (231) 362-3111, ext.			
Study Area Code of Reporting Carrier	310703	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ACE TEL OF MICHIGAN					
Signature of Authorized Officer: Todd Roesler				<small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel of michigan,l=Houston MN 55943-0360, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Todd Roesler					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 507-896-6292					
Study Area Code of Reporting Carrier	310704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <i>Lemna Telephone Company</i>			
Signature of Authorized Officer <i>Josephine Bowden</i>			Date <i>5-18-17</i>
Printed name of Authorized Officer <i>Josephine Bowden</i>			
Title or position of Authorized Officer <i>President</i>			
Telephone number of Authorized Officer: <i>(810)621-3301 ext.</i>			
Study Area Code of Reporting Carrier	<i>310708</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</i>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDWAY TEL CO					
Signature of Authorized Officer: Camie Nebel-Conklin				<small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel co,l= , Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Camie Nebel-Conklin					
Title or position of Authorized Officer: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer: 906-387-9911					
Study Area Code of Reporting Carrier	310711		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HIAWATHA TEL CO					
Signature of Authorized Officer: Camie Nebel-Conklin				<small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co,l= , Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Camie Nebel-Conklin					
Title or position of Authorized Officer: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer: 906-387-9911					
Study Area Code of Reporting Carrier	310713		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Ogden Telephone Company

Signature of Authorized Officer *Linda K. Corie*

Date 05/16/2017

Printed name of Authorized Officer Linda K. Corie

Title or position of Authorized Officer Secretary-Treasurer

Telephone number of Authorized Officer: (517) 443-5595, ext.

Study Area Code of Reporting Carrier	<u>310714</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ONTONAGON COUNTY TEL					
Signature of Authorized Officer: Camie Nebel-Conklin				<small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Camie Nebel-Conklin					
Title or position of Authorized Officer: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer: 906-387-9911					
Study Area Code of Reporting Carrier	310717		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PIGEON TEL CO					
Signature of Authorized Officer: 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:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Neal Eichler					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 989-453-4391					
Study Area Code of Reporting Carrier	310721		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SAND CREEK TEL CO**

Signature of Authorized Officer: **Harvey Souders**

Digitally signed by Harvey Souders DN:cn=Harvey Souders,email=souders@sandcreektelco.com,O=sand creek tel co,l=Sand Creek MI 49279-0066, Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Harvey Souders**

Title or position of Authorized Officer: **Vice President/General Manager**

Telephone number of Authorized Officer: **517-436-3130**

Study Area Code of Reporting Carrier

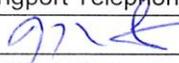
310725

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER,

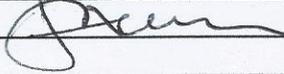
Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Springport Telephone Company			
Signature of Authorized Officer 			Date 05/23/2017
Printed name of Authorized Officer Mark Cutler			
Title or position of Authorized Officer Treasurer			
Telephone number of Authorized Officer: (517) 857-3100 .ext.			
Study Area Code of Reporting Carrier	310728	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Upper Peninsula Telephone Company

Signature of Authorized Officer 

Date 05-30-17

Printed name of Authorized Officer John Aoki

Title or position of Authorized Officer Treasurer

Telephone number of Authorized Officer: (801) 589-7790 ext.

Study Area Code of Reporting Carrier

310732

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WALDRON TEL CO					
Signature of Authorized Officer: Lucinda Bernath				<small>Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel co,l=Waldron MI 49288-0197, Date:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer: Lucinda Bernath					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 517-286-6211					
Study Area Code of Reporting Carrier	310734		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Westphalia Telephone Company			
Signature of Authorized Officer 			Date 5-17-2017
Printed name of Authorized Officer David Fox			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (989) 587-5008 ext.			
Study Area Code of Reporting Carrier	310735	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

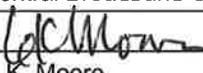
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	Winn Tel. Co		
Signature of Authorized Officer	<i>Mark Graf</i>	Date	5-30-2017
Printed name of Authorized Officer	Mark Graf		
Title or position of Authorized Officer	General Manager		
Telephone number of Authorized Officer:	989-953-9876		
Study Area Code of Reporting Carrier	310 737	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ACE-MI OLD MISSION					
Signature of Authorized Officer: Todd Roesler				<small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi old mission,l=Houston MN 55943-0360, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Todd Roesler					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 507-896-6292					
Study Area Code of Reporting Carrier	310777		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Michigan Central Broadband Company			
Signature of Authorized Officer 			Date 5/30/17
Printed name of Authorized Officer Bruce K. Moore			
Title or position of Authorized Officer President/General Mgr			
Telephone number of Authorized Officer: (855) 642-4227 ext.			
Study Area Code of Reporting Carrier	310785	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BLOOMINGDALE HOME					
Signature of Authorized Officer: Ronja Branson				<small>Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingtontel.com,O=bloomingtondale home,l=Bloomingtondale IN 47832, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Ronja Branson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 765-498-2000					
Study Area Code of Reporting Carrier	320742		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CITIZENS TEL CORP					
Signature of Authorized Officer: Joan Paxson				<small>Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citiznet.com,O=citizens tel corp, =Warren IN 46792, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Joan Paxson					
Title or position of Authorized Officer: Secretary, Office Manager					
Telephone number of Authorized Officer: 260-375-2111					
Study Area Code of Reporting Carrier	320751		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CLAY DBA ENDEAVOR**

Signature of Authorized Officer: **Darin LaCoursiere**

Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darini@weEndeavor.com,O=clay dba endeavor,l=Cloverdale IN 46120-0237, Date:5/22/2017

Date: **5/22/2017**

Printed name of Authorized Officer: **Darin LaCoursiere**

Title or position of Authorized Officer: **President and CEO**

Telephone number of Authorized Officer: **765-795-4261**

Study Area Code of Reporting Carrier

320753

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CRAIGVILLE TEL CO					
Signature of Authorized Officer: Lee Von Gunten				<small>Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel co,l=Craigville IN 46731, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Lee Von Gunten					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 260-565-3131					
Study Area Code of Reporting Carrier	320756		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **DAVIESS-MARTIN/RTC**

Signature of Authorized Officer: **David Redman**

Digitally signed by David Redman DN:cn=David Redman,email=dredman@purdue.edu,O=daviess-martin/rtc,|=Montgomery IN 47558, Date:5/18/2017

Date: **5/18/2017**

Printed name of Authorized Officer: **David Redman**

Title or position of Authorized Officer: **Board President**

Telephone number of Authorized Officer: **812-486-3211**

Study Area Code of Reporting Carrier

320759

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

6/16/2017

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

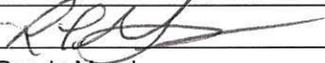
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GEETINGSVILLE TEL CO					
Signature of Authorized Officer: Steve Scott				<small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,lc=, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Steve Scott					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 765-258-3111					
Study Area Code of Reporting Carrier	320771		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Ligonier Telephone Company, Inc.			
Signature of Authorized Officer 			Date 05/25/2017
Printed name of Authorized Officer Randy Mead			
Title or position of Authorized Officer EVP/General Manager			
Telephone number of Authorized Officer: (260) 894-7161, ext.			
Study Area Code of Reporting Carrier	320783	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MONON TEL CO					
Signature of Authorized Officer: Bruce Hanway				<small>Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel co,l=Monon IN 47959, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Bruce Hanway					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 219-253-6601					
Study Area Code of Reporting Carrier	320790		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MULBERRY COOP TEL CO					
Signature of Authorized Officer: Randy Maish				<small>Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop tel co,l=Mulberry IN 46058-0370, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Randy Maish					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 765-296-2885					
Study Area Code of Reporting Carrier	320792		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NEW LISBON TEL CO**

Signature of Authorized Officer: **John Greene**

Digitally signed by John Greene DN:cn=John Greene,email=john.greene@nlbc.com,O=new lisbon tel co,l=New Lisbon IN 47366, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **John Greene**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **765-332-2413**

Study Area Code of Reporting Carrier

320796

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

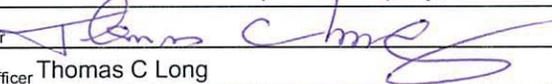
6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NEW PARIS TEL INC					
Signature of Authorized Officer: Paul Penrose				<small>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:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Paul Penrose					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 574-831-7115					
Study Area Code of Reporting Carrier	320797		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Northwestern Indiana Telephone Company, Inc.			
Signature of Authorized Officer 			Date 5/18/2017
Printed name of Authorized Officer Thomas C Long			
Title or position of Authorized Officer President/COO			
Telephone number of Authorized Officer: (219) 996-2981 ext.			
Study Area Code of Reporting Carrier	320800	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PERRY-SPENCER RURAL					
Signature of Authorized Officer: James Dauby				<small>Digitally signed by James Dauby DN:cn=James Dauby,email=jdauby@psci.net,O=perry-spencer rural,l=St. Meinrad IN 47577, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: James Dauby					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 812-357-2123					
Study Area Code of Reporting Carrier	320807		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PULASKI-WHITE RURAL					
Signature of Authorized Officer: Brent Gillum				<small>Digitally signed by Brent Gillum DN:cn=Brent Gillum,email=bgillum@pwrtc.net,O=pulaski-white rural,l=Buffalo IN 47925, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Brent Gillum					
Title or position of Authorized Officer: Interim President/CEO					
Telephone number of Authorized Officer: 574-278-7121					
Study Area Code of Reporting Carrier	320813		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ROCHESTER TEL CO**

Signature of Authorized Officer: **Greta Lynch**

Digitally signed by Greta Lynch DN:cn=Greta Lynch,email=greta.lynych@rtc1.com,O=rochester tel co,l=Rochester IN 46975-0507, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Greta Lynch**

Title or position of Authorized Officer: **VP-Finance**

Telephone number of Authorized Officer: **574-223-0238**

Study Area Code of Reporting Carrier

320815

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SE INDIANA RURAL					
Signature of Authorized Officer: Anthony Clark				<small>Digitally signed by Anthony Clark DN:cn=Anthony Clark,email=clarkt@seidata.com,O=se indiana rural, = , Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Anthony Clark					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 812-667-5100					
Study Area Code of Reporting Carrier	320819		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SUNMAN TELECOMM CORP					
Signature of Authorized Officer: Michael Alig				<small>Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecomm corp,l=Sunman IN 47041, Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer: Michael Alig					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 812-623-2122					
Study Area Code of Reporting Carrier	320825		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SWAYZEE TEL CO					
Signature of Authorized Officer: Timothy Miles				<small>Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel co,l= , Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer: Timothy Miles					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 765-922-7916					
Study Area Code of Reporting Carrier	320826		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SWEETSER RURAL TEL**

Signature of Authorized Officer: **Scott Winger**

Digitally signed by Scott Winger DN:cn=Scott Winger,email=sawinger@comteck.com,O=sweetser rural tel,l=Sweetser IN 46987, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer: **Scott Winger**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **765-384-4311**

Study Area Code of Reporting Carrier

320827

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Washington County Rural Telephone Cooperative, Inc			
Signature of Authorized Officer: <i>David Gottbrath</i>			Date: 5/18/17
Printed name of Authorized Officer: David Gottbrath			
Title or position of Authorized Officer: Vice-President			
Telephone number of Authorized Officer: (812) 967-3171 ext.			
Study Area Code of Reporting Carrier	320834	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **YEOMAN TEL CO, INC**

Signature of Authorized Officer: **David Blacker**

Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytc.com,O=yeoman tel co,inc,l= , Date:5/24/2017

Date: **5/24/2017**

Printed name of Authorized Officer: **David Blacker**

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

Telephone number of Authorized Officer: **574-965-2100**

Study Area Code of Reporting Carrier

320839

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **AMERY TELCOM, INC.**

Signature of Authorized Officer: **Michael Jensen**

Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc., Date:5/25/2017

Date: **5/25/2017**

Printed name of Authorized Officer: **Michael Jensen**

Title or position of Authorized Officer: **President & General Manager**

Telephone number of Authorized Officer: **715-268-7101**

Study Area Code of Reporting Carrier

330842

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: AMHERST TEL CO					
Signature of Authorized Officer: Carl Bohman				<small>Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=carlb@tvalleycom.com,O=amherst tel co,l=Amherst WI 54406-0279, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Carl Bohman					
Title or position of Authorized Officer: President & General Manager					
Telephone number of Authorized Officer: 715-824-5529					
Study Area Code of Reporting Carrier	330843		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				BALDWIN TELECOM, INC.	
Signature of Authorized Officer		<i>David J. Mattison</i>		Date	
				05/26/2017	
Printed name of Authorized Officer				DAVID MATTISON	
Title or position of Authorized Officer				PRESIDENT	
Telephone number of Authorized Officer:				(715) 684-3346 ext.	
Study Area Code of Reporting Carrier		330846	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BELMONT TEL CO					
Signature of Authorized Officer: Deb Egli				Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=belmont tel co,l=Cuba City WI 53807, Date:5/19/2017	
Date: 5/19/2017					
Printed name of Authorized Officer: Deb Egli					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 608-744-3500					
Study Area Code of Reporting Carrier	330847		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BERGEN TEL CO					
Signature of Authorized Officer: 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:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Brad Ellefson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 262-736-9981					
Study Area Code of Reporting Carrier	330848		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BLOOMER TEL CO					
Signature of Authorized Officer: Jim Smart				<small>Digitally signed by Jim Smart DN:cn=Jim Smart,email=jrs@bloomer.net,O=bloomer tel co,l= , Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Jim Smart					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 715-568-4830					
Study Area Code of Reporting Carrier	330850		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BRUCE TEL CO, INC					
Signature of Authorized Officer: John Manosky				<small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc,l= , Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer: John Manosky					
Title or position of Authorized Officer: President & General Manager					
Telephone number of Authorized Officer: 715-868-5111					
Study Area Code of Reporting Carrier	330855		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHEQUAMEGON COM COOP					
Signature of Authorized Officer: Ray Schindler				<small>Digitally signed by Ray Schindler DN:cn=Ray Schindler,email=rschindler@norvado.com,O=chequamegon com coop, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Ray Schindler					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 715-798-3303					
Study Area Code of Reporting Carrier	330860		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHIBARDUN TEL COOP					
Signature of Authorized Officer: N. Scott Behn				<small>Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaictelcom.com,O=chibardun tel coop,l=Cameron WI 54822-0664, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: N. Scott Behn					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 715-458-5400					
Study Area Code of Reporting Carrier	330861		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CITIZENS TEL COOP-WI					
Signature of Authorized Officer: Dennis Bachman				<small>Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel coop-wi,l=New Auburn WI 54757-0127, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Dennis Bachman					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 715-237-2605					
Study Area Code of Reporting Carrier	330863		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLEAR LAKE TEL CO-WI					
Signature of Authorized Officer: Tim Kusilek				<small>Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake tel co-wi,l=Clear Lake WI 54005, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Tim Kusilek					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 715-263-2755					
Study Area Code of Reporting Carrier	330865		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COCHRANE COOP TEL CO					
Signature of Authorized Officer: Gina Tomlinson				<small>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mwt.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Gina Tomlinson					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 608-248-2323					
Study Area Code of Reporting Carrier	330866		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COON VALLEY FARMERS					
Signature of Authorized Officer: Carol Olson				<small>Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers,l=Coon Valley WI 54623-0398, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Carol Olson					
Title or position of Authorized Officer: Assistant Secretary Treasurer					
Telephone number of Authorized Officer: 608-452-3101					
Study Area Code of Reporting Carrier	330868		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CUBA CITY EXCHANGE					
Signature of Authorized Officer: Deb Egli				<small>Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city exchange,l=Cuba City WI 53807, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Deb Egli					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 608-744-3500					
Study Area Code of Reporting Carrier	330872		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS INDEPENDENT					
Signature of Authorized Officer: Mark Anderson				<small>Digitally signed by Mark Anderson DN:cn=Mark Anderson,email=mark@grantsburgtelcom.com,O=farmers independent,l=Grantsburg WI 54840-0447, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Mark Anderson					
Title or position of Authorized Officer: General Manager and Compliance Officer					
Telephone number of Authorized Officer: 715-463-5322					
Study Area Code of Reporting Carrier	330879		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HILLSBORO TEL CO					
Signature of Authorized Officer: Carla Shaker				<small>Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel co,l=Hillsboro WI 54634-0427, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Carla Shaker					
Title or position of Authorized Officer: Secretary/Treasurer/Office Mgr.					
Telephone number of Authorized Officer: 608-489-2100					
Study Area Code of Reporting Carrier	330892		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LAKEFIELD TEL CO					
Signature of Authorized Officer: Robert Webb				<small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=lakefield tel co,l=Green Bay WI 54307-9079, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Robert Webb					
Title or position of Authorized Officer: Vice President/COO					
Telephone number of Authorized Officer: 920-617-7351					
Study Area Code of Reporting Carrier	330896		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LA VALLE TEL COOP					
Signature of Authorized Officer: Gregory Rockweiler				<small>Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=lrc@mwt.net,O=la valle tel coop,l=La Valle WI 53941, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Gregory Rockweiler					
Title or position of Authorized Officer: Assistant Secretary					
Telephone number of Authorized Officer: 608-985-7201					
Study Area Code of Reporting Carrier	330899		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LEMONWEIR VALLEY TEL					
Signature of Authorized Officer: Donna Rezin				<small>Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=Donna.Rezin@getlynxx.com,O=lemonweir valley tel,l=Camp Douglas WI 54618, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Donna Rezin					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 608-427-6515					
Study Area Code of Reporting Carrier	330900		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LAKELAND-LUCK					
Signature of Authorized Officer: Crystal Morley				Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland-luck,l=Mi,litown WI 54858, Date:5/17/2017	
Date: 5/17/2017					
Printed name of Authorized Officer: Crystal Morley					
Title or position of Authorized Officer: Accounting Manager					
Telephone number of Authorized Officer: 715-825-5105					
Study Area Code of Reporting Carrier	330902		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <i>MANAWA Telephone Company</i>			
Signature of Authorized Officer <i>Greg Krings</i>			Date <i>5-16-17</i>
Printed name of Authorized Officer <i>Greg Krings</i>			
Title or position of Authorized Officer <i>Treasurer</i>			
Telephone number of Authorized Officer: <i>(715) 921-8129 ext.</i>			
Study Area Code of Reporting Carrier	<i>330905</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MARQUETTE-ADAMS COOP**

Signature of Authorized Officer: **Jerry Schneider**

Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquett e-adams coop,|=Oxford WI 53952, Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Jerry Schneider**

Title or position of Authorized Officer: **CEO & General Manager**

Telephone number of Authorized Officer: **608-586-4111**

Study Area Code of Reporting Carrier

330908

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LAKELAND-MILLTOWN**

Signature of Authorized Officer: **Crystal Morley**

Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland-milltown, I=Milltown WI 54858, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Crystal Morley**

Title or position of Authorized Officer: **Accounting Manager**

Telephone number of Authorized Officer: **715-825-5105**

Study Area Code of Reporting Carrier

330910

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NELSON COMM COOP					
Signature of Authorized Officer: Christy Berger				<small>Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@nelson-tel.net,O=nelson comm coop,l=Durand WI 54736-0228, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Christy Berger					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 715-672-4204					
Study Area Code of Reporting Carrier	330918		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NIAGARA TEL CO					
Signature of Authorized Officer: Robert Webb				<small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=niagara tel co,l=Green Bay WI 54307-9079, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Robert Webb					
Title or position of Authorized Officer: Vice President/COO					
Telephone number of Authorized Officer: 920-617-7351					
Study Area Code of Reporting Carrier	330920		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BAYLAND TEL, LLC					
Signature of Authorized Officer: Robert Webb				Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=bayland tel, llc,=Green Bay WI 54307-9079, Date:5/16/2017	
Date: 5/16/2017					
Printed name of Authorized Officer: Robert Webb					
Title or position of Authorized Officer: Vice President/COO					
Telephone number of Authorized Officer: 920-617-7351					
Study Area Code of Reporting Carrier	330925		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PRICE COUNTY TEL CO					
Signature of Authorized Officer: Catherine Mess				<small>Digitally signed by Catherine Mess DN:cn=Catherine Mess,email=messc@pctcnet.net,O=price county tel co,l=Phillips WI 54555-0108, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Catherine Mess					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 715-339-2151					
Study Area Code of Reporting Carrier	330937		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTHEAST TEL CO					
Signature of Authorized Officer: Robert Webb				<small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=northeast tel co,l=Green Bay WI 54307-9079, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Robert Webb					
Title or position of Authorized Officer: Vice President/COO					
Telephone number of Authorized Officer: 920-617-7351					
Study Area Code of Reporting Carrier	330938		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RICHLAND-GRANT COOP					
Signature of Authorized Officer: John Bartz				<small>Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mwt.net,O=richland-grant coop,l=Blue River WI 53518, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: John Bartz					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 608-537-2461					
Study Area Code of Reporting Carrier	330942		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SHARON TEL CO					
Signature of Authorized Officer: 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:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Brad Ellefson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 262-736-9981					
Study Area Code of Reporting Carrier	330946		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SIREN TEL CO, INC					
Signature of Authorized Officer: 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:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Sid Sherstad					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 715-349-2224					
Study Area Code of Reporting Carrier	330949		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SOMERSET TEL CO					
Signature of Authorized Officer: Michael Jensen				<small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,l= , Date:5/25/2017</small> Date: 5/25/2017	
Printed name of Authorized Officer: Michael Jensen					
Title or position of Authorized Officer: President & General Manager					
Telephone number of Authorized Officer: 715-268-7101					
Study Area Code of Reporting Carrier	330951		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SPRING VALLEY TEL CO					
Signature of Authorized Officer: Carol Anderson				<small>Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel co,l=Spring Valley WI 54767, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Carol Anderson					
Title or position of Authorized Officer: Assistant Manager/Assistant Secretary					
Telephone number of Authorized Officer: 715-778-4433					
Study Area Code of Reporting Carrier	330953		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **TRI-COUNTY COMM COOP**

Signature of Authorized Officer: **Cheryl Rue**

Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county comm coop,l=Strum WI 54770, Date:5/18/2017

Date: **5/18/2017**

Printed name of Authorized Officer: **Cheryl Rue**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **715-695-2691**

Study Area Code of Reporting Carrier

330960

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: UNION TEL CO					
Signature of Authorized Officer: Katherine Kehl				Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel co,l=Plainfield WI 54966-0096, Date:5/18/2017	
Date: 5/18/2017					
Printed name of Authorized Officer: Katherine Kehl					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 715-335-6301					
Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VERNON COMM. COOP.					
Signature of Authorized Officer: Rodney Olson				<small>Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon comm. coop.,l=Westby WI 54667, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Rodney Olson					
Title or position of Authorized Officer: CEO & General Manager					
Telephone number of Authorized Officer: 608-634-7421					
Study Area Code of Reporting Carrier	330966		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: W. WISCONSIN TELCOM					
Signature of Authorized Officer: Mark Stenseth				<small>Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=w. wisconsin telcom,l=Downsville WI 54735, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Mark Stenseth					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 715-664-8311					
Study Area Code of Reporting Carrier	330971		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WITTENBERG TEL CO					
Signature of Authorized Officer: Linda Garbelman				<small>Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@cirrinity.net,O=wittenberg tel co,l=Wittenberg WI 54499, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Linda Garbelman					
Title or position of Authorized Officer: CFO/Treasurer					
Telephone number of Authorized Officer: 715-253-2115					
Study Area Code of Reporting Carrier	330973		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <i>Wood County Telephone Company</i>			
Signature of Authorized Officer <i>Greg Krings</i>			Date <i>5-16-17</i>
Printed name of Authorized Officer <i>Greg Krings</i>			
Title or position of Authorized Officer <i>ASST Secretary / Treasurer</i>			
Telephone number of Authorized Officer: <i>715 421-8129 ext.</i>			
Study Area Code of Reporting Carrier	<i>330974</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</i>

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ADAMS TEL COOP					
Signature of Authorized Officer: James Broemmer Jr.				Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroemmer@adams.net,O=adams tel coop, =Golden IL 62339, Date:5/24/2017	
Date: 5/24/2017					
Printed name of Authorized Officer: James Broemmer Jr.					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 217-696-4411					
Study Area Code of Reporting Carrier	340976		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALHAMBRA-GRANTFORK**

Signature of Authorized Officer: **Kevin Osterbur**

Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork,|=Alhambra IL 62001-0207, Date:5/26/2017

Date: **5/26/2017**

Printed name of Authorized Officer: **Kevin Osterbur**

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

Telephone number of Authorized Officer: **618-488-2165**

Study Area Code of Reporting Carrier

340978

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CAMBRIDGE TEL CO -IL					
Signature of Authorized Officer: Scott Rubins				<small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=cambridge tel co -il,=Geneseo IL 61254-0330, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Scott Rubins					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 309-944-2103					
Study Area Code of Reporting Carrier	340983		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CASS TEL CO					
Signature of Authorized Officer: Tom Allen				<small>Digitally signed by Tom Allen DN:cn=Tom Allen, email=tomallen@casscomm.com, O=cass tel co, l=Virginia IL 62691, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Tom Allen					
Title or position of Authorized Officer: Vice President/Chief Operating Officer					
Telephone number of Authorized Officer: 217-452-7800					
Study Area Code of Reporting Carrier	340984		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Clarksville Mutual Telephone Company			
Signature of Authorized Officer: <i>Patricia Rhoads</i>		Date: 5/23/2017	
Printed name of Authorized Officer: Patricia Rhoads			
Title or position of Authorized Officer: Secretary/Treasurer			
Telephone number of Authorized Officer: (217) 889-3822 ext.			
Study Area Code of Reporting Carrier	340990	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CROSSVILLE TEL CO					
Signature of Authorized Officer: Chris Birkla				<small>Digitally signed by Chris Birkla DN:cn=Chris Birkla,email=cbirkla@crosstelco.com,O=crossville tel co,l=Crossville IL 62827, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Chris Birkla					
Title or position of Authorized Officer: Assistant Secretary/Treasurer/General Mg					
Telephone number of Authorized Officer: 618-966-2196					
Study Area Code of Reporting Carrier	340993		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: EGYPTIAN COOP ASSN					
Signature of Authorized Officer: Kevin Jacobsen				<small>Digitally signed by Kevin Jacobsen DN:cn=Kevin Jacobsen,email=kjacobsen@egyptian.net,O=egyptian coop assn,l=Steeleville IL 62288-0158, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Kevin Jacobsen					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 618-774-1000					
Study Area Code of Reporting Carrier	341003		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: EL PASO TEL CO					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=el paso tel co,l= , Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	341004		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: C-R TEL CO					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=c-r tel co,l= , Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	341009		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FLAT ROCK TEL CO-OP					
Signature of Authorized Officer: Kevin Jacobsen				<small>Digitally signed by Kevin Jacobsen DN:cn=Kevin Jacobsen,email=kjacobsen@egyptian.net,O=flat rock tel co-op,l=Steeleville IL 62288-0158, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Kevin Jacobsen					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 618-774-1000					
Study Area Code of Reporting Carrier	341012		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GENESEO TEL CO					
Signature of Authorized Officer: Scott Rubins				<small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=geneseo tel co,l=Geneseo IL 61254-0330, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Scott Rubins					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 309-944-2103					
Study Area Code of Reporting Carrier	341016		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Glasford Telephone Company			
Signature of Authorized Officer <i>Duane Goetze</i>			Date 5/24/2017
Printed name of Authorized Officer Duane Goetze			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (309) 389-2111 , ext.			
Study Area Code of Reporting Carrier	341017	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GRAFTON TEL CO					
Signature of Authorized Officer: Leigh Sickinger				<small>Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grafon tel co,l=Grafton IL 62037, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Leigh Sickinger					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 618-786-3400					
Study Area Code of Reporting Carrier	341020		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Grandview Mutual Telephone</u>			
Signature of Authorized Officer <u>Angela Tate</u>			Date <u>5-26-2017</u>
Printed name of Authorized Officer <u>Angela Tate</u>			
TITLE OF POSITION OF AUTHORIZED OFFICER <u>TREASURER</u>			
Telephone number of Authorized Officer: <u>(27)942-4101 ext.</u>			
Study Area Code of Reporting Carrier	<u>34102</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GRIDLEY TEL CO					
Signature of Authorized Officer: Herb Flesher				<small>Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel co,l=Gridley IL 61744-0129, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Herb Flesher					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 309-747-3780					
Study Area Code of Reporting Carrier	341023		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HAMILTON COUNTY TEL					
Signature of Authorized Officer: Kevin Pyle				<small>Digitally signed by Kevin Pyle DN:cn=Kevin Pyle,email=kevinp@hamiltoncom.net,O=hamilton county tel,l=Dahlgren IL 62828, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Kevin Pyle					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 618-736-2211					
Study Area Code of Reporting Carrier	341024		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SHAWNEE TEL. CO.					
Signature of Authorized Officer: James Grisham				<small>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee tel. co.,l=Equality IL 62934, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: James Grisham					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 618-276-4211					
Study Area Code of Reporting Carrier	341025		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HENRY COUNTY TEL CO					
Signature of Authorized Officer: Scott Rubins				<small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=henry county tel co,l=Geneseo IL 61254-0330, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Scott Rubins					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 309-944-2103					
Study Area Code of Reporting Carrier	341029		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Home Telephone Co.			
Signature of Authorized Officer <i>Eric Schmidt</i>			Date 5/24/17
Printed name of Authorized Officer Eric Schmidt			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (618) 644-2111 ext.			
Study Area Code of Reporting Carrier	341032	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KINSMAN MUTUAL TEL					
Signature of Authorized Officer: Michelle Baudino				<small>Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel,l=Kinsman IL 60437, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Michelle Baudino					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 815-392-4210					
Study Area Code of Reporting Carrier	341041		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LA HARPE TEL CO					
Signature of Authorized Officer: Todd Irish				<small>Digitally signed by Todd Irish DN:cn=Todd Irish,email=todd@laharpetelephone.com,O=la harpe tel co,l=La Harpe IL 61450, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Todd Irish					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 217-659-7721					
Study Area Code of Reporting Carrier	341043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LEAF RIVER TEL CO					
Signature of Authorized Officer: Aaron Palmer				<small>Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lmet1.com,O=leaf river tel co,l=Leaf River IL 61047, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Aaron Palmer					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 815-738-2216					
Study Area Code of Reporting Carrier	341045		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LEONORE MUTUAL TEL					
Signature of Authorized Officer: Donna Naas				<small>Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmtc@lmtc.net,O=leonore mutual tel,l=Leonore IL 61332, Date:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Donna Naas					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 815-856-3164					
Study Area Code of Reporting Carrier	341046		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MCDONOUGH TEL COOP					
Signature of Authorized Officer: Jay Griswold				<small>Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jay@mdtc.net,O=mcdonough tel coop,l=Colchester IL 62326, Date:5/25/2017</small> Date: 5/25/2017	
Printed name of Authorized Officer: Jay Griswold					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 309-776-3211					
Study Area Code of Reporting Carrier	341047		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MCNABB TEL CO					
Signature of Authorized Officer: Roger Pletsch				<small>Digitally signed by Roger Pletsch DN:cn=Roger Pletsch,email=rogerpletsch@nabbnet.com,O=mcnabb tel co,l=McNabb IL 61335, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Roger Pletsch					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 815-882-2201					
Study Area Code of Reporting Carrier	341048		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Madison Telephone Company			
Signature of Authorized Officer <i>Mary Schwartz Westerhold</i>		Date 05/26/2017	
Printed name of Authorized Officer Mary Schwartz Westerhold			
Title or position of Authorized Officer Vice President/CFO			
Telephone number of Authorized Officer: (618) 635-1000 , ext.			
Study Area Code of Reporting Carrier	341049	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MARSEILLES TEL CO					
Signature of Authorized Officer: Ann Dickerson				<small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=marseilles tel co,l=Metamora IL 61548-0800, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Ann Dickerson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 309-367-4197					
Study Area Code of Reporting Carrier	341050		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: METAMORA TEL CO					
Signature of Authorized Officer: Ann Dickerson				<small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=metamora tel co,l=Metamora IL 61548-0800, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Ann Dickerson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 309-367-4197					
Study Area Code of Reporting Carrier	341053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDCENTURY TEL CO-OP					
Signature of Authorized Officer: James Broemmer, Jr.				<small>Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jbroemmer@adams.net,O=midcentury tel co-op,l=Fairview IL 61432, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: James Broemmer, Jr.					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 309-778-8611					
Study Area Code of Reporting Carrier	341054		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				<i>MONTROSE MUTUAL Tel Co</i>	
Signature of Authorized Officer			<i>George P. Fays</i>		Date
Printed name of Authorized Officer			<i>George P. Fays</i>		
Title or position of Authorized Officer			<i>Sec / Treas / GM</i>		
Telephone number of Authorized Officer: <i>217 925 5242 ext.</i>					
Study Area Code of Reporting Carrier		<i>34-1058</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</i>	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MOULTRIE INDEPENDENT					
Signature of Authorized Officer: James Grisham				<small>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=moultrie independent,I=Equality IL 62934, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: James Grisham					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 618-276-4211					
Study Area Code of Reporting Carrier	341060		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NEW WINDSOR TEL CO					
Signature of Authorized Officer: Kirby Willems				Digitally signed by Kirby Willems DN:cn=Kirby Willems,email=kirby.willems@nwctv.net,O=new windsor tel co,l=New Windsor IL 61465, Date:5/24/2017	
Date: 5/24/2017					
Printed name of Authorized Officer: Kirby Willems					
Title or position of Authorized Officer: Secretary					
Telephone number of Authorized Officer: 309-667-2712					
Study Area Code of Reporting Carrier	341062		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ODIN TEL EXCH INC					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=odin tel exch inc,l= , Date:5/25/2017</small> Date: 5/25/2017	
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	341065		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Oneida Telephone Exchange**

Signature of Authorized Officer *Gary Peterson*

Date **May 26, 2017**

Printed name of Authorized Officer **Gary Peterson**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(309) 483-3111**, ext.

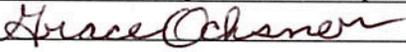
Study Area Code of Reporting Carrier **341066**

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier		Reynolds Telephone Company		
Signature of Authorized Officer				Date 05/19/2017
Printed name of Authorized Officer		Grace Ochsner		
Title or position of Authorized Officer		General Manager/ Asst. Treasurer		
Telephone number of Authorized Officer:		(309) 372-4490 ext.		
Study Area Code of Reporting Carrier	341075	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **TONICA TEL CO**

Signature of Authorized Officer: **Lloyd Vogel**

Digitally signed by Lloyd Vogel DN:cn=Lloyd Vogel,email=tontel@tonicacom.net,O=tonica tel co,l=Tonica IL 61370-0158, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Lloyd Vogel**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **815-442-9901**

Study Area Code of Reporting Carrier

341086

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VIOLA HOME TEL CO					
Signature of Authorized Officer: Robert Millikan				<small>Digitally signed by Robert Millikan DN:cn=Robert Millikan,email=wins2@vhtmail.net,O=viola home tel co,l=Viola IL 61486, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Robert Millikan					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 309-596-2109					
Study Area Code of Reporting Carrier	341087		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WABASH COMM CO-OP					
Signature of Authorized Officer: Barry Adair				<small>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=wabash comm co-op, =Louisville IL 62858, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Barry Adair					
Title or position of Authorized Officer: EVP General Manager					
Telephone number of Authorized Officer: 618-665-3311					
Study Area Code of Reporting Carrier	341088		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

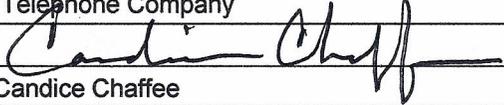
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WOODHULL TEL CO					
Signature of Authorized Officer: Philip Wirt				<small>Digitally signed by Philip Wirt DN:cn=Philip Wirt,email=pwirtwco@divcominc.net,O=woodhull tel co,l=Woodhull IL 61490-0117, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Philip Wirt					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 309-334-2150					
Study Area Code of Reporting Carrier	341091		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Stelle Telephone Company			
Signature of Authorized Officer 		Date 5/26/2017	
Printed name of Authorized Officer Candice Chaffee			
Title or position of Authorized Officer Financial/Administrative Manager			
Telephone number of Authorized Officer: (815) 256-2345 ext.			
Study Area Code of Reporting Carrier	341092	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				REASNOR TELEPHONE COMPANY, LLC	
Signature of Authorized Officer					
Date			MAY 23, 2017		
Printed name of Authorized Officer				MICHAEL HATFIELD	
Title or position of Authorized Officer				ACTING GENERAL MANAGER	
Telephone number of Authorized Officer:				(817) 838-1800 ext.	
Study Area Code of Reporting Carrier		350739	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ANDREW TEL CO INC					
Signature of Authorized Officer: JoAnne Gregorich				<small>Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@iamotte-telco.com,O=andrew tel co inc,l=LaMotte IA 52054, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: JoAnne Gregorich					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-773-2213					
Study Area Code of Reporting Carrier	351097		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ARCADIA TEL CO**

Signature of Authorized Officer: **Tony Vonnahme**

Digitally signed by Tony Vonnahme DN:cn=Tony Vonnahme,email=kvonnahme@netins.net,O=arcadia tel co,l=Arcadia IA 51430, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Tony Vonnahme**

Title or position of Authorized Officer: **Board President**

Telephone number of Authorized Officer: **712-689-2238**

Study Area Code of Reporting Carrier	351098		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ATKINS TEL CO, INC					
Signature of Authorized Officer: Gerald Spaight				<small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc,l=Atkins IA 52206, Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer: Gerald Spaight					
Title or position of Authorized Officer: General Manager / Treasurer					
Telephone number of Authorized Officer: 319-446-7331					
Study Area Code of Reporting Carrier	351101		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: AYRSHIRE FARMERS MUT					
Signature of Authorized Officer: Donald Miller				<small>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire farmers mut,l=Ayrshire IA 50515-0248, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Donald Miller					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 712-776-2222					
Study Area Code of Reporting Carrier	351105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALPINE COMM.**

Signature of Authorized Officer: **Chris Hopp**

Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Chris Hopp**

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

Telephone number of Authorized Officer: **563-245-4480**

Study Area Code of Reporting Carrier

351106

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BALDWIN-NASHVILLE					
Signature of Authorized Officer: Brian Rickels				<small>Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville, =Baldwin IA 52207-0050, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Brian Rickels					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 563-673-6001					
Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	Bargus City Cooperative Telephone Company		Date
Signature of Authorized Officer	<i>Doris M. Freeborn</i>		05/24/2017
Printed name of Authorized Officer	Doris M. Freeborn		
Title or position of Authorized Officer	Secretary / Treasurer		
Telephone number of Authorized Officer	641.644.5214 ext.		
Study Area Code of Reporting Carrier	35-1108	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BERNARD TEL CO INC					
Signature of Authorized Officer: Kyle Manders				<small>Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel co inc,l=Bernard IA 52032-0068, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Kyle Manders					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-879-3203					
Study Area Code of Reporting Carrier	351110		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BREDA TEL CORP.					
Signature of Authorized Officer: Kevin Skinner				<small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=breda tel corp.,l=Breda IA 51436-0109, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Kevin Skinner					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-2311					
Study Area Code of Reporting Carrier	351112		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BROOKLYN MUTUAL TEL					
Signature of Authorized Officer: Tim Atkinson				<small>Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel,l=Brooklyn IA 52211-0513, Date:5/26/2017</small>	
Date: 5/26/2017					
Printed name of Authorized Officer: Tim Atkinson					
Title or position of Authorized Officer: General Manager/Compliance Officer					
Telephone number of Authorized Officer: 641-522-9211					
Study Area Code of Reporting Carrier	351113		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TITONKA-BURT (BURT)					
Signature of Authorized Officer: Vicky Nelson				<small>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt(burt),l=Titonka IA 50480-0321, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Vicky Nelson					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 515-928-2110					
Study Area Code of Reporting Carrier	351114		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BUTLER-BREMER MUTUAL					
Signature of Authorized Officer: Richard McBurney				<small>Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=butler-bremer mutual,l=Plainfield IA 50666-0099, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Richard McBurney					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 319-276-4458					
Study Area Code of Reporting Carrier	351115		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CASCADE COMM. CO.					
Signature of Authorized Officer: David Gibson				<small>Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascaedecomm.com,O=cascade comm. co.,l=Cascade IA 52033-0250, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: David Gibson					
Title or position of Authorized Officer: General Manager/Compliance Officer					
Telephone number of Authorized Officer: 563-852-3710					
Study Area Code of Reporting Carrier	351118		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CASEY MUTUAL TEL CO					
Signature of Authorized Officer: John Breining				<small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel co,l=Casey IA 50048, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: John Breining					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-746-2222					
Study Area Code of Reporting Carrier	351119		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Center Junction Telephone Company Inc			
Signature of Authorized Officer <i>Russ Benke</i>			Date 5/24/2017
Printed name of Authorized Officer Russ Benke			
Title or position of Authorized Officer Chief Operating Officer			
Telephone number of Authorized Officer: (563) 487-2631 ext.			
Study Area Code of Reporting Carrier	351121	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CENTRAL SCOTT TEL CO					
Signature of Authorized Officer: Kent Dau				<small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel co,l=Eldridge IA 52748, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Kent Dau					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 563-285-9611					
Study Area Code of Reporting Carrier	351125		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CITIZENS MUTUAL TEL					
Signature of Authorized Officer: Joe Snyder				<small>Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=citizens mutual tel,l=Bloomfield IA 52537, Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer: Joe Snyder					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-664-2074					
Study Area Code of Reporting Carrier	351129		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLARENCE TEL CO					
Signature of Authorized Officer: Mark Harvey				<small>Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=ctcmanager@netins.net,O=clarence tel co,l=Dysart IA 52224-0280, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Mark Harvey					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 319-476-7800					
Study Area Code of Reporting Carrier	351130		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLEAR LAKE INDEPEND					
Signature of Authorized Officer: Thomas Lovell				<small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@cltel.com,O=clear lake independ,l=Clear Lake IA 50428-0066, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Thomas Lovell					
Title or position of Authorized Officer: General Manager/Vice President					
Telephone number of Authorized Officer: 641-357-2111					
Study Area Code of Reporting Carrier	351132		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: C-M-L TEL COOP ASSN					
Signature of Authorized Officer: 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 51037-0018, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Bruce Johnson					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-443-8222					
Study Area Code of Reporting Carrier	351133		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COLO TEL CO					
Signature of Authorized Officer: Larry Springer				<small>Digitally signed by Larry Springer DN:cn=Larry Springer,email=larrycolo@netins.net,O=colo tel co,/=Colo IA 50056-0315, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Larry Springer					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-377-2202					
Study Area Code of Reporting Carrier	351134		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **COON CREEK TEL CO**

Signature of Authorized Officer: **Debra Lucht**

Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@cooncreektelephone.com,O=coon creek tel co,l=Blairstown IA 52209-0150, Date:5/18/2017

Date: **5/18/2017**

Printed name of Authorized Officer: **Debra Lucht**

Title or position of Authorized Officer: **General Manager/CEO**

Telephone number of Authorized Officer: **319-454-6234**

Study Area Code of Reporting Carrier	351136		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **COON VALLEY COOP TEL**

Signature of Authorized Officer: **Jim Nelson**

Digitally signed by Jim Nelson DN:cn=Jim Nelson,email=jnelson@coonvalleytelco.com,O=coon valley coop tel,l=Menlo IA 50164, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer: **Jim Nelson**

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

Telephone number of Authorized Officer: **641-524-2111**

Study Area Code of Reporting Carrier

351137

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COOPERATIVE TEL CO					
Signature of Authorized Officer: Scott Schabacker				<small>Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=cooptel@netins.net,O=cooperative tel co,l=Victor IA 52347, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Scott Schabacker					
Title or position of Authorized Officer: Chief Operating Officer/General Manager					
Telephone number of Authorized Officer: 319-647-3131					
Study Area Code of Reporting Carrier	351139		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CORN BELT TEL CO**

Signature of Authorized Officer: **Lee Wuebker**

Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=cornbelt@netins.net,O=corn belt tel co,l=Wall Lake IA 51466, Date:5/18/2017

Date: **5/18/2017**

Printed name of Authorized Officer: **Lee Wuebker**

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

Telephone number of Authorized Officer: **712-664-2221**

Study Area Code of Reporting Carrier

351141

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CUMBERLAND TEL CO					
Signature of Authorized Officer: Vickie Adams				<small>Digitally signed by Vickie Adams DN:cn=Vickie Adams,email=vickie_ctc@netins.net,O=cumberland tel co,l=Cumberland IA 50843, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Vickie Adams					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 712-774-2221					
Study Area Code of Reporting Carrier	351146		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DANVILLE MUTUAL TEL					
Signature of Authorized Officer: Timothy FencI				<small>Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfencI@danvilletelco.net,O=danville mutual tel,l=Danville IA 52623, Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer: Timothy FencI					
Title or position of Authorized Officer: General Manager & CEO					
Telephone number of Authorized Officer: 319-392-4251					
Study Area Code of Reporting Carrier	351147		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS (DEFIANCE)**

Signature of Authorized Officer: **Thomas Conry**

Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (defiance),l=Harlan IA 51537-0311, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer: **Thomas Conry**

Title or position of Authorized Officer: **General Manager/CEO**

Telephone number of Authorized Officer: **712-744-3131**

Study Area Code of Reporting Carrier	351149		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DIXON ACQ LLC					
Signature of Authorized Officer: Kent Dau				<small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=dixon acq llc,l=Eldridge IA 52748, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Kent Dau					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 563-285-9611					
Study Area Code of Reporting Carrier	351150		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DUMONT TEL CO					
Signature of Authorized Officer: 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:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Roger Kregel					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-857-3211					
Study Area Code of Reporting Carrier	351152		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Dunkerton Telephone Cooperative			
Signature of Authorized Officer <i>Sue Bruns</i>			Date 5-18-17
Printed name of Authorized Officer Sue Bruns			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer: ((319) 822-4512 ext.			
Study Area Code of Reporting Carrier	351153	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **EAST BUCHANAN COOP**

Signature of Authorized Officer: **Butch Rorabaugh**

Digitally signed by Butch Rorabaugh DN:cn=Butch Rorabaugh,email=butch.rorabaugh@eastbuchanan.com,O=east buchanan coop,|=Winthrop IA 50682, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Butch Rorabaugh**

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

Telephone number of Authorized Officer: **319-935-3011**

Study Area Code of Reporting Carrier	351156		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ELLSWORTH COOP ASSN					
Signature of Authorized Officer: Joshua Angove				<small>Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop assn,l=Ellsworth IA 50075-0458, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Joshua Angove					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 515-836-4431					
Study Area Code of Reporting Carrier	351157		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MINBURN TELECOMM.					
Signature of Authorized Officer: Debra Lucht				<small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburntelecomm.,l=Minburn IA 50167, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Debra Lucht					
Title or position of Authorized Officer: General Manager/Assistant Secretary					
Telephone number of Authorized Officer: 515-677-2264					
Study Area Code of Reporting Carrier	351158		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **F&B COMMUNICATIONS**

Signature of Authorized Officer: **Brenda Kay**

Digitally signed by Brenda Kay DN:cn=Brenda Kay,email=brenda@fbc-tele.com,O=f&b communications,l=Wheatland IA 52777-0309, Date:5/24/2017

Date: **5/24/2017**

Printed name of Authorized Officer: **Brenda Kay**

Title or position of Authorized Officer: **Secretary/Treasurer**

Telephone number of Authorized Officer: **563-374-1236**

Study Area Code of Reporting Carrier

351160

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS COOP TEL CO**

Signature of Authorized Officer: **Mark Harvey**

Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=mharvey@fctc.coop,O=farmers coop tel co,l=Dysart IA 52224-0280, Date:5/25/2017

Date: **5/25/2017**

Printed name of Authorized Officer: **Mark Harvey**

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

Telephone number of Authorized Officer: **319-476-7800**

Study Area Code of Reporting Carrier

351162

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS & MERCHANTS					
Signature of Authorized Officer: Susie Stalder				<small>Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=sstalder@farmtel.com,O=farmers & merchants,l=Wayland IA 52654-0247, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Susie Stalder					
Title or position of Authorized Officer: Operations Manager					
Telephone number of Authorized Officer: 319-256-2736					
Study Area Code of Reporting Carrier	351166		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS MUTUAL COOP					
Signature of Authorized Officer: Thomas Conry				<small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,l=Harlan IA 51537-0311, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Thomas Conry					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-744-3131					
Study Area Code of Reporting Carrier	351168		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS MUTUAL COOP					
Signature of Authorized Officer: Tammy Wheeler				<small>Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop,l=Moulton IA 52572, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Tammy Wheeler					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-642-3249					
Study Area Code of Reporting Carrier	351169		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS MUTUAL JESUP					
Signature of Authorized Officer: Tony Lang				<small>Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup,l=Jesup IA 50648-0249, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Tony Lang					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-827-1151					
Study Area Code of Reporting Carrier	351171		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Farmers Mutual Telephone Company - Nora Springs**

Signature of Authorized Officer 

Date **5/22/2017**

Printed name of Authorized Officer **Joshua Hveem**

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

Telephone number of Authorized Officer: **(641) 210-8445** ext.

Study Area Code of Reporting Carrier **351172**

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS MUTUAL COOP					
Signature of Authorized Officer: Curtis Eldred				<small>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@fmtcs.com,O=farmers mutual coop,l=Shellsburg IA 52332, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Curtis Eldred					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-436-2224					
Study Area Code of Reporting Carrier	351173		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS MUTUAL TEL					
Signature of Authorized Officer: Kevin Cabbage				<small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmcnet.com,O=farmers mutual tel, =Stanton IA 51573-0220, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Kevin Cabbage					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-829-2111					
Study Area Code of Reporting Carrier	351174		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS TEL CO - BAT					
Signature of Authorized Officer: Joe Snyder				<small>Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=farmers tel co - bat,l=Bloomfield IA 52537, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Joe Snyder					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-664-2074					
Study Area Code of Reporting Carrier	351175		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS TEL CO-ESSEX					
Signature of Authorized Officer: Tim Hill				<small>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel co-essex,l=Essex IA 51638, Date:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer: Tim Hill					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 712-379-3001					
Study Area Code of Reporting Carrier	351176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Farmers Telephone Company - Riceville			
Signature of Authorized Officer 			Date 5/22/2017
Printed name of Authorized Officer Joshua Hveem			
Title or position of Authorized Officer Chief Operating Officer			
Telephone number of Authorized Officer: (641) 210-8445 ext.			
Study Area Code of Reporting Carrier	351177	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017

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

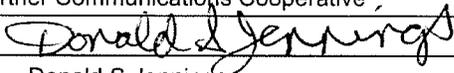
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FENTON CO-OP TEL CO					
Signature of Authorized Officer: Steven Longhenry				<small>Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fntn@netins.net,O=fenton co-op tel co,l=Fenton IA 50539, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Steven Longhenry					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 515-889-2785					
Study Area Code of Reporting Carrier	351179		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PARTNER COMM. COOP.					
Signature of Authorized Officer: Arthur Cooper				<small>Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=coop@pcctel.net,O=partner comm. coop., Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Arthur Cooper					
Title or position of Authorized Officer: Board President					
Telephone number of Authorized Officer: 641-498-7701					
Study Area Code of Reporting Carrier	351187		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

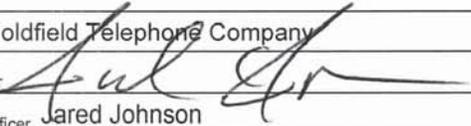
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier Partner Communications Cooperative				
Signature of Authorized Officer 				Date 07-11-17
Printed name of Authorized Officer Donald S Jennings				
Title or position of Authorized Officer Executive Vice President				
Telephone number of Authorized Officer: (641) 498-7701 , ext.				
Study Area Code of Reporting Carrier	351187	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	July 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>				

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Goldfield Telephone Company					
Signature of Authorized Officer						Date		05/18/2017	
Printed name of Authorized Officer				Jared Johnson					
Title or position of Authorized Officer				General Manager					
Telephone number of Authorized Officer: () . ext.				(515)-825-3766					
Study Area Code of Reporting Carrier		351188		Filing Due Date for this form (mm/dd/yyyy)		6/16/2017			

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier River Valley Telecommunications Coop			
Signature of Authorized Officer <i>Pam Studer</i>			Date 5/23/2017
Printed name of Authorized Officer Pam Studer			
Title or position of Authorized Officer Secretary			
Telephone number of Authorized Officer: (712) 859-3300 ext.			
Study Area Code of Reporting Carrier	351189	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GRAND MOUND COOP TEL					
Signature of Authorized Officer: Marcus Behnken				<small>Digitally signed by Marcus Behnken DN:cn=Marcus Behnken,email=mbehnken@gmcta.coop,O=grand mound coop tel,l=Grand Mound IA 52751, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Marcus Behnken					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-847-3000					
Study Area Code of Reporting Carrier	351191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GRISWOLD CO-OP TEL					
Signature of Authorized Officer: Amy McLaren				<small>Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold co-op tel,l=Griswold IA 51535-0640, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Amy McLaren					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 712-778-2121					
Study Area Code of Reporting Carrier	351195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HAWKEYE TEL CO					
Signature of Authorized Officer: Alex Soderquist				Digitally signed by Alex Soderquist DN:cn=Alex Soderquist,email=manager@hawkeyetelephone.com,O=hawkeye tel co,l=Hawkeye IA 52147-0250, Date:5/18/2017	
Date: 5/18/2017					
Printed name of Authorized Officer: Alex Soderquist					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-427-3222					
Study Area Code of Reporting Carrier	351199		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **HOSPERS TEL EXCH INC**

Signature of Authorized Officer: **David Raak**

Digitally signed by David Raak DN:cn=David Raak,email=dave@hosperstel.com,O=hospers tel exch inc,l=Hospers IA 51238, Date:5/22/2017

Date: **5/22/2017**

Printed name of Authorized Officer: **David Raak**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **712-752-8100**

Study Area Code of Reporting Carrier	351202		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HUBBARD COOP ASSN					
Signature of Authorized Officer: David Lowe				<small>Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,l=Hubbard IA 50122-0428, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: David Lowe					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 641-864-2216					
Study Area Code of Reporting Carrier	351203		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HUXLEY COMM. COOP.					
Signature of Authorized Officer: Gary Clark				<small>Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley comm. coop.,l=Huxley IA 50124-0036, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Gary Clark					
Title or position of Authorized Officer: General Manager and Executive VP					
Telephone number of Authorized Officer: 515-597-2281					
Study Area Code of Reporting Carrier	351205		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

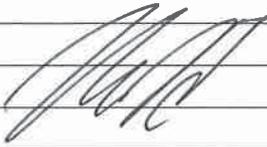
Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier IAMO Telephone Company-MO			
Signature of Authorized Officer <i>Merlin Swanson</i>			Date 5-26-2017
Printed name of Authorized Officer Merlin Swanson			
Title or position of Authorized Officer Secretary			
Telephone number of Authorized Officer: (712) 583-3232 ext.			
Study Area Code of Reporting Carrier	351206	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **FMTC-I35, Inc.**

Signature of Authorized Officer 

Date **5/22/2017**

Printed name of Authorized Officer **Joshua Hveem**

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

Telephone number of Authorized Officer: **(641) 210-8445** ext.

Study Area Code of Reporting Carrier **351209**

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Jordan Soldier Valley Telephone	
Signature of Authorized Officer			Date		
[Handwritten Signature]			5/23/2017		
Printed name of Authorized Officer					
Paul Bergmann					
Title or position of Authorized Officer					
CFO					
Telephone number of Authorized Officer: 712-271-4000, ext.					
Study Area Code of Reporting Carrier		351213		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KALONA COOP TEL CO					
Signature of Authorized Officer: Casey Peck				<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:5/30/2017</small>	
Date: 5/30/2017					
Printed name of Authorized Officer: Casey Peck					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 319-656-3668					
Study Area Code of Reporting Carrier	351214		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KEYSTONE FRMS COOP					
Signature of Authorized Officer: Byran Kimm				<small>Digitally signed by Byran Kimm DN:cn=Byran Kimm,email=keystone@netins.net,O=keystone frms coop,l=Keystone IA 52249-0277, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Byran Kimm					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-442-3241					
Study Area Code of Reporting Carrier	351217		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LA PORTE CITY TEL CO**

Signature of Authorized Officer: **Chris Hopp**

Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel co,l=Elkader IA 52043, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Chris Hopp**

Title or position of Authorized Officer: **Executive Secretary**

Telephone number of Authorized Officer: **563-245-4480**

Study Area Code of Reporting Carrier

351220

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LA MOTTE TEL CO					
Signature of Authorized Officer: JoAnne Gregorich				<small>Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=la motte tel co,l=LaMotte IA 52054, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: JoAnne Gregorich					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-773-2213					
Study Area Code of Reporting Carrier	351222		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LEHIGH VALLEY COOP					
Signature of Authorized Officer: Jim Suchan				Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop,l=Lehigh IA 50557-0137, Date:5/18/2017	
Date: 5/18/2017					
Printed name of Authorized Officer: Jim Suchan					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 515-359-2211					
Study Area Code of Reporting Carrier	351225		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LONE ROCK CO-OP TEL					
Signature of Authorized Officer: Dan Meyer				<small>Digitally signed by Dan Meyer DN:cn=Dan Meyer,email=lonerock@netins.net,O=lone rock co-op tel,l=Lone Rock IA 50559-0278, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Dan Meyer					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 515-925-3271					
Study Area Code of Reporting Carrier	351228		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LOST NATION-ELWOOD					
Signature of Authorized Officer: Jan Muhl				<small>Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood,l= , Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Jan Muhl					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 563-678-2470					
Study Area Code of Reporting Carrier	351229		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTHEAST IOWA TEL					
Signature of Authorized Officer: David Byers				<small>Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=northeast iowa tel,l=Monona IA 52159-0835, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: David Byers					
Title or position of Authorized Officer: COO/Assistant Secretary					
Telephone number of Authorized Officer: 563-539-2122					
Study Area Code of Reporting Carrier	351230		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LYNNVILLE TEL. CO.					
Signature of Authorized Officer: Gary Neill				<small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=lynnville tel. co.,l= , Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Gary Neill					
Title or position of Authorized Officer: Consultant					
Telephone number of Authorized Officer: 402-477-1354					
Study Area Code of Reporting Carrier	351232		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS (MANILLA)					
Signature of Authorized Officer: Thomas Conry				<small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (manilla),=Harlan IA 51537-0311, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Thomas Conry					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-744-3131					
Study Area Code of Reporting Carrier	351235		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MARNE & ELK HORN TEL					
Signature of Authorized Officer: Janell Hansen				<small>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=marne & elk horn tel,l=Elk Horn IA 51531, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Janell Hansen					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 712-764-6161					
Study Area Code of Reporting Carrier	351237		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MARTELLE COOP ASSN					
Signature of Authorized Officer: Hans Arwine				<small>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop assn,l=Mechanicsville IA 52306, Date:5/22/2017</small> Date: 5/22/2017	
Printed name of Authorized Officer: Hans Arwine					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-432-7221					
Study Area Code of Reporting Carrier	351238		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MASSENA TEL CO**

Signature of Authorized Officer: **Kathleen Foster**

Digitally signed by Kathleen Foster DN:cn=Kathleen Foster,email=kfoster@massenatelephone.com,O=massena tel co,|=Massena IA 50853, Date:5/19/2017

Date: **5/19/2017**

Printed name of Authorized Officer: **Kathleen Foster**

Title or position of Authorized Officer: **Secretary/Treasurer**

Telephone number of Authorized Officer: **712-779-2227**

Study Area Code of Reporting Carrier

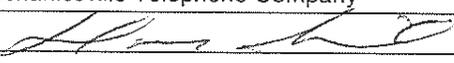
351239

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Mechanicsville Telephone Company			
Signature of Authorized Officer 			Date 5-25-2017
Printed name of Authorized Officer Hans Arwine			
Title or position of Authorized Officer Company Officer			
Telephone number of Authorized Officer: (563) 432-7221 , ext.			
Study Area Code of Reporting Carrier	351241	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MILES COOP TEL ASSN					
Signature of Authorized Officer: 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:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Debra Chrest					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 563-682-7111					
Study Area Code of Reporting Carrier	351242		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MINBURN TEL CO**

Signature of Authorized Officer: **Debra Lucht**

Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel co,l=Minburn IA 50167, Date:5/16/2017

Date: **5/16/2017**

Printed name of Authorized Officer: **Debra Lucht**

Title or position of Authorized Officer: **General Manager/Assistant Secretary**

Telephone number of Authorized Officer: **515-677-2264**

Study Area Code of Reporting Carrier	351245		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Minerva Valley Telephone Co Inc			
Signature of Authorized Officer: <i>Jerry Larsen</i>			Date: 05/18/2017
Printed name of Authorized Officer: Jerry Larsen			
Title or position of Authorized Officer: Board President			
Telephone number of Authorized Officer: (641) 487-7399 ext.			
Study Area Code of Reporting Carrier	351246	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MODERN COOP TEL CO					
Signature of Authorized Officer: Jeffrey Brower				<small>Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop tel co,l=South English IA 52335, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Jeffrey Brower					
Title or position of Authorized Officer: General Manager/COO					
Telephone number of Authorized Officer: 319-667-2375					
Study Area Code of Reporting Carrier	351247		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MUTUAL TEL CO					
Signature of Authorized Officer: Randy Foor				<small>Digitally signed by Randy Foor DN:cn=Randy Foor,email=rdf@mutel.com,O=mutual tel co,l=Morning Sun IA 52640, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Randy Foor					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 319-868-7636					
Study Area Code of Reporting Carrier	351250		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

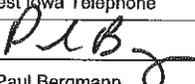
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MEDIAPOLIS TEL CO					
Signature of Authorized Officer: Angie Rupe				<small>Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel co,l=Mediapolis IA 52637, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Angie Rupe					
Title or position of Authorized Officer: Office Manager & CFO					
Telephone number of Authorized Officer: 319-394-3456					
Study Area Code of Reporting Carrier	351251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTH ENGLISH COOP					
Signature of Authorized Officer: Reed Ostenberg				<small>Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop,l=North English IA 52316, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Reed Ostenberg					
Title or position of Authorized Officer: COO					
Telephone number of Authorized Officer: 319-664-3821					
Study Area Code of Reporting Carrier	351257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Northwest Iowa Telephone			
Signature of Authorized Officer 			Date 5/23/2017
Printed name of Authorized Officer Paul Bergmann			
Title or position of Authorized Officer CFO			
Telephone number of Authorized Officer: 712-271-4000, ext.			
Study Area Code of Reporting Carrier	351260	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTHWEST TEL COOP					
Signature of Authorized Officer: Donald Miller				<small>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel coop,l=Havelock IA 50546, Date:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer: Donald Miller					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 712-776-2222					
Study Area Code of Reporting Carrier	351261		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COMM 1 NETWORK					
Signature of Authorized Officer: Randy Yeakel				<small>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=comm 1 network,l=Kanawha IA 50447, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Randy Yeakel					
Title or position of Authorized Officer: General Manager/ Director					
Telephone number of Authorized Officer: 641-762-3772					
Study Area Code of Reporting Carrier	351262		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OGDEN TEL CO - IA					
Signature of Authorized Officer: James Heckman				Digitally signed by James Heckman DN:cn=James Heckman,email=ogdenteljim@netins.net,O=ogden tel co - ia,l=Ogden IA 50212, Date:5/23/2017	
Date: 5/23/2017					
Printed name of Authorized Officer: James Heckman					
Title or position of Authorized Officer: General Manager / Executive VP					
Telephone number of Authorized Officer: 515-275-2050					
Study Area Code of Reporting Carrier	351263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OLIN TEL CO, INC					
Signature of Authorized Officer: Rodney Cozart				<small>Digitally signed by Rodney Cozart DN:cn=Rodney Cozart,email=olintel@netins.net,O=olin tel co, inc,l=Olin IA 52320-0130, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Rodney Cozart					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 319-484-2200					
Study Area Code of Reporting Carrier	351264		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ONSLow COOP TEL ASSN					
Signature of Authorized Officer: Russ Benke				<small>Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=onslow coop tel assn,l=Onslow IA 52321, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Russ Benke					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-485-2833					
Study Area Code of Reporting Carrier	351265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ORAN MUTUAL TEL CO					
Signature of Authorized Officer: Barb Gruetzmacher				<small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Barb Gruetzmacher					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 319-638-6006					
Study Area Code of Reporting Carrier	351266		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PALO COOP TEL ASSN					
Signature of Authorized Officer: Mark Harvey				<small>Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=ctcmanager@netins.net,O=palo coop tel assn,l=Dysart IA 52224-0280, Date:5/25/2017</small>	
Date: 5/25/2017					
Printed name of Authorized Officer: Mark Harvey					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 319-476-7800					
Study Area Code of Reporting Carrier	351269		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PALMER MUTUAL TEL CO					
Signature of Authorized Officer: Andy Peterson				Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co, Palmer IA 50571, Date:5/17/2017	
Date: 5/17/2017					
Printed name of Authorized Officer: Andy Peterson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 712-359-2411					
Study Area Code of Reporting Carrier	351270		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PANORA COMM COOP					
Signature of Authorized Officer: Andrew Randol				<small>Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panorateelco.com,O=panora comm coop,l=Panora IA 50216, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Andrew Randol					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 641-755-2424					
Study Area Code of Reporting Carrier	351271		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Panora Communications Cooperative**

Signature of Authorized Officer



Date **3/05/18**

Printed name of Authorized Officer **Andrew M. Randol**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer: **(641) 755-2424**, ext.

Study Area Code of Reporting Carrier **351271**

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

March 2018

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PEOPLES TEL CO - IA					
Signature of Authorized Officer: Curt Kawlewski				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Curt Kawlewski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-233-4172					
Study Area Code of Reporting Carrier	351273		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PRAIRIEBURG TEL CO					
Signature of Authorized Officer: LaRae Reichenauer				<small>Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel co,l= , Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: LaRae Reichenauer					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 319-437-3611					
Study Area Code of Reporting Carrier	351275		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PRESTON TEL CO					
Signature of Authorized Officer: Roger Kilburg				<small>Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestonel.com,O=preston tel co,l=Preston IA 52069-0167, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Roger Kilburg					
Title or position of Authorized Officer: Manager/Secretary-Treasurer					
Telephone number of Authorized Officer: 563-689-3811					
Study Area Code of Reporting Carrier	351276		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RADCLIFFE TEL CO					
Signature of Authorized Officer: Edwin Drake				<small>Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@netins.net,O=radcliffe tel co,l=Radcliffe IA 50230-0140, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Edwin Drake					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 515-899-2341					
Study Area Code of Reporting Carrier	351277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RINGSTED TEL CO					
Signature of Authorized Officer: Aaron McCartan				<small>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel co,l=Ringsted IA 50578, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Aaron McCartan					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 712-866-8000					
Study Area Code of Reporting Carrier	351280		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ROCKWELL COOP ASSN					
Signature of Authorized Officer: David Severin				<small>Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,l=Rockwell IA 50469, Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: David Severin					
Title or position of Authorized Officer: General Mgr/Assist Secretary-Treasurer					
Telephone number of Authorized Officer: 641-822-3212					
Study Area Code of Reporting Carrier	351282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ROYAL TEL CO					
Signature of Authorized Officer: John Noah				<small>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel co,l=Royal IA 51357, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: John Noah					
Title or position of Authorized Officer: General Manager/CCO					
Telephone number of Authorized Officer: 712-933-2615					
Study Area Code of Reporting Carrier	351283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier River Valley Telecommunications Coop			
Signature of Authorized Officer: <i>Pam Studer</i>			Date 5/23/2017
Printed name of Authorized Officer Pam Studer			
Title or position of Authorized Officer Secretary			
Telephone number of Authorized Officer: (712) 859-3300 ext.			
Study Area Code of Reporting Carrier	351284	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2017
<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>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SAC COUNTY MUTUAL					
Signature of Authorized Officer: Ronald Sorensen				<small>Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual, =Odebolt IA 51458, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Ronald Sorensen					
Title or position of Authorized Officer: Compliance Officer					
Telephone number of Authorized Officer: 712-668-2200					
Study Area Code of Reporting Carrier	351285		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SCHALLER TEL CO					
Signature of Authorized Officer: Missy Kestel				<small>Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel co,l=Schaller IA 51053, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Missy Kestel					
Title or position of Authorized Officer: Accounting General Manager					
Telephone number of Authorized Officer: 712-275-4211					
Study Area Code of Reporting Carrier	351291		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SEARSBORO TEL CO					
Signature of Authorized Officer: Gary Neill				<small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=searsboro tel co,lc= , Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Gary Neill					
Title or position of Authorized Officer: Consultant					
Telephone number of Authorized Officer: 402-477-1354					
Study Area Code of Reporting Carrier	351292		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SHARON TEL CO					
Signature of Authorized Officer: Robert Schneider, Jr.				<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:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Robert Schneider, Jr.					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 319-679-2211					
Study Area Code of Reporting Carrier	351293		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SCRANTON TEL CO					
Signature of Authorized Officer: Allen Jacob				<small>Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel co,l=Scranton IA 51462, Date:5/19/2017</small>	
Date: 5/19/2017					
Printed name of Authorized Officer: Allen Jacob					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 712-652-3355					
Study Area Code of Reporting Carrier	351294		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SHELL ROCK COMM**

Signature of Authorized Officer: **Richard McBurney**

Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=shell rock comm,|=Plainfield IA 50666-0099, Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Richard McBurney**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **319-276-4458**

Study Area Code of Reporting Carrier

351295

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HEART OF IOWA COMM.					
Signature of Authorized Officer: Bryan Amundson				<small>Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa comm.,l=Union IA 50258-0130, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Bryan Amundson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-486-2211					
Study Area Code of Reporting Carrier	351297		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SOUTH SLOPE COOP TEL					
Signature of Authorized Officer: Chuck Deisbeck				<small>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop tel,=North Liberty IA 52317, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Chuck Deisbeck					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 319-626-2211					
Study Area Code of Reporting Carrier	351298		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **FMTC-SWT, Inc.**

Signature of Authorized Officer 

Date **5/22/2017**

Printed name of Authorized Officer **Joshua Hveen**

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

Telephone number of Authorized Officer: **(641) 210-8445**, ext.

Study Area Code of Reporting Carrier **351301**

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SPRINGVILLE COOP TEL					
Signature of Authorized Officer: Jean Schilling				<small>Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvl@netins.net,O=springville coop tel,l=Springville IA 52336-0009, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Jean Schilling					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 319-854-6107					
Study Area Code of Reporting Carrier	351302		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Cooperative Telephone Exchange	
Signature of Authorized Officer			Date		5/16/2017
Printed name of Authorized Officer			Marvin Ness		
Title or position of Authorized Officer			President		
Telephone number of Authorized Officer: (515) 826-3206 ext.					
Study Area Code of Reporting Carrier	351303	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SO. SLOPE-SWISHER					
Signature of Authorized Officer: Chuck Deisbeck				<small>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=so.slope-swisher,l=North Liberty IA 52317, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Chuck Deisbeck					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 319-626-2211					
Study Area Code of Reporting Carrier	351304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: STRATFORD MUTUAL TEL					
Signature of Authorized Officer: Jen Frank				<small>Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel,=Stratford IA 50249, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Jen Frank					
Title or position of Authorized Officer: Assistant Secretary/Office Manager					
Telephone number of Authorized Officer: 515-838-2390					
Study Area Code of Reporting Carrier	351305		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SULLY TEL ASSOC					
Signature of Authorized Officer: Earl "Jack" De Angelo				<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:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Earl "Jack" De Angelo					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-594-2905					
Study Area Code of Reporting Carrier	351306		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SUPERIOR TEL COOP					
Signature of Authorized Officer: Cheryl Noble				<small>Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel coop,l=Superior IA 51363, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Cheryl Noble					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 712-858-4591					
Study Area Code of Reporting Carrier	351307		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: <u>Templeton Telephone Company</u>			
Signature of Authorized Officer: <u><i>Patricia Snyder</i></u>		Date: <u>5/16/2017</u>	
Printed name of Authorized Officer: <u>Patricia Snyder</u>			
Title or position of Authorized Officer: <u>Secretary/Treasurer</u>			
Telephone number of Authorized Officer: <u>(712) 669-3311 ext.</u>			
Study Area Code of Reporting Carrier	<u>351308</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TERRIL TEL. COOP.					
Signature of Authorized Officer: John Noah				Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril tel. coop., =Terril IA 51364, Date:5/17/2017	
Date: 5/17/2017					
Printed name of Authorized Officer: John Noah					
Title or position of Authorized Officer: General Manager/CCO					
Telephone number of Authorized Officer: 712-853-1300					
Study Area Code of Reporting Carrier	351309		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TITONKA-BURT					
Signature of Authorized Officer: Vicky Nelson				<small>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,I=Titonka IA 50480-0321, Date:5/23/2017</small>	
Date: 5/23/2017					
Printed name of Authorized Officer: Vicky Nelson					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 515-928-2110					
Study Area Code of Reporting Carrier	351310		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: UNITED FARMERS TEL					
Signature of Authorized Officer: Roxanne White				<small>Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel,l=Every IA 51338, Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer: Roxanne White					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 712-834-2211					
Study Area Code of Reporting Carrier	351316		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VAN BUREN TEL CO					
Signature of Authorized Officer: Kevin Hranicka				<small>Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosauqua IA 52565-0430, Date:5/18/2017</small> Date: 5/18/2017	
Printed name of Authorized Officer: Kevin Hranicka					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-293-3187					
Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VAN HORNE COOP TEL					
Signature of Authorized Officer: Kerry Less				<small>Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,l=Van Horne IA 52346-0096, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Kerry Less					
Title or position of Authorized Officer: CFO - Chief Financial Officer					
Telephone number of Authorized Officer: 319-228-8791					
Study Area Code of Reporting Carrier	351320		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VENTURA TEL CO, INC					
Signature of Authorized Officer: Thomas Lovell				<small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel co, inc,l=Clear Lake IA 50428-0066, Date:5/16/2017</small> Date: 5/16/2017	
Printed name of Authorized Officer: Thomas Lovell					
Title or position of Authorized Officer: General Manager/Vice President					
Telephone number of Authorized Officer: 641-357-2111					
Study Area Code of Reporting Carrier	351322		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VILLISCA FARMERS TEL					
Signature of Authorized Officer: Kevin Cabbage				<small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,=Stanton IA 51573-0220, Date:5/24/2017</small> Date: 5/24/2017	
Printed name of Authorized Officer: Kevin Cabbage					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-829-2111					
Study Area Code of Reporting Carrier	351324		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WALNUT TEL CO, INC**

Signature of Authorized Officer: **Janell Hansen**

Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=walnut tel co, inc,l=Walnut IA 51577, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer: **Janell Hansen**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **712-784-2211**

Study Area Code of Reporting Carrier

351326

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WEBSTER-CALHOUN COOP					
Signature of Authorized Officer: Daryl Carlson				<small>Digitally signed by Daryl Carlson DN:cn=Daryl Carlson, email=darylc@wccta.com, O=webster-calhoun coop, l=Gowrie IA 50543-0475, Date:5/24/2017</small>	
Date: 5/24/2017					
Printed name of Authorized Officer: Daryl Carlson					
Title or position of Authorized Officer: Executive Vice President/General Manager					
Telephone number of Authorized Officer: 515-352-3151					
Study Area Code of Reporting Carrier	351328		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WELLMAN COOP TEL					
Signature of Authorized Officer: Jayne Hochstedler				Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop tel,l=Wellman IA 52356-0170, Date:5/18/2017	
Date: 5/18/2017					
Printed name of Authorized Officer: Jayne Hochstedler					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 319-646-6075					
Study Area Code of Reporting Carrier	351329		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WEST IOWA TEL CO					
Signature of Authorized Officer: Robert Gannon				<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:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Robert Gannon					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-786-5572					
Study Area Code of Reporting Carrier	351331		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WEST LIBERTY TEL CO**

Signature of Authorized Officer: **Craig Bieber**

Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,l= , Date:5/18/2017

Date: **5/18/2017**

Printed name of Authorized Officer: **Craig Bieber**

Title or position of Authorized Officer: **Controller/Treasurer**

Telephone number of Authorized Officer: **319-627-2145**

Study Area Code of Reporting Carrier

351332

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WESTERN IOWA ASSN					
Signature of Authorized Officer: Heath Mallory				<small>Digitally signed by Heath Mallory DN:cn=Heath Mallory,email=heath.mallory@wiatel.com,O=western iowa assn,l=Lawton IA 51030-0038, Date:5/18/2017</small>	
Date: 5/18/2017					
Printed name of Authorized Officer: Heath Mallory					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-944-5711					
Study Area Code of Reporting Carrier	351334		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WESTSIDE INDEPENDENT					
Signature of Authorized Officer: Kevin Skinner				<small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside independent,l=Breda IA 51436-0109, Date:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer: Kevin Skinner					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-2311					
Study Area Code of Reporting Carrier	351335		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WILTON TEL CO					
Signature of Authorized Officer: Stacie Harris				<small>Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilton tel co,l=Wilton IA 52778-0970, Date:5/16/2017</small>	
Date: 5/16/2017					
Printed name of Authorized Officer: Stacie Harris					
Title or position of Authorized Officer: General Manager/CFO					
Telephone number of Authorized Officer: 563-732-3000					
Study Area Code of Reporting Carrier	351336		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <u>Woolstock Mutual Telephone Assn.</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>5-18-2017</u>
Printed name of Authorized Officer <u>Chris Simmons</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer <u>675-839-5571</u>			
Study Area Code of Reporting Carrier	<u>351342</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WYOMING MUTUAL TEL					
Signature of Authorized Officer: Debra Williams				<small>Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel,l=Wyoming IA 52362, Date:5/22/2017</small>	
Date: 5/22/2017					
Printed name of Authorized Officer: Debra Williams					
Title or position of Authorized Officer: Office Manager/Board Secretary					
Telephone number of Authorized Officer: 563-488-2535					
Study Area Code of Reporting Carrier	351343		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PRAIRIE TEL CO					
Signature of Authorized Officer: Kevin Skinner				<small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=prairie tel co,l=Breda IA 51436-0109, Date:5/19/2017</small> Date: 5/19/2017	
Printed name of Authorized Officer: Kevin Skinner					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-2311					
Study Area Code of Reporting Carrier	351344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer *Kevin Skinner* Date **03/02/2018**

Printed name of Authorized Officer **Kevin Skinner**

Title or position of Authorized Officer **CFO**

Telephone number of Authorized Officer: **(712) 673-2311**_{ext.}

Study Area Code of Reporting Carrier	351344	Filing Due Date for this form (mm/dd/yyyy)	March 2018
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALLIANCE-HILLS IA					
Signature of Authorized Officer: Kari Flanagan				<small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills ia,l=Garretson SD 57030, Date:5/23/2017</small> Date: 5/23/2017	
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	351405		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<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>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KILLDUFF TEL. CO.					
Signature of Authorized Officer: Gary Neill				<small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=killduff tel. co.,l= , Date:5/17/2017</small>	
Date: 5/17/2017					
Printed name of Authorized Officer: Gary Neill					
Title or position of Authorized Officer: Consultant					
Telephone number of Authorized Officer: 402-477-1354					
Study Area Code of Reporting Carrier	351407		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MABEL COOP TEL-IA					
Signature of Authorized Officer: Julie Kolka				<small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop tel-ia,l=Mabel MN 55954, Date:5/17/2017</small> Date: 5/17/2017	
Printed name of Authorized Officer: Julie Kolka					
Title or position of Authorized Officer: Interim General Manager					
Telephone number of Authorized Officer: 507-493-5411					
Study Area Code of Reporting Carrier	351424		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					