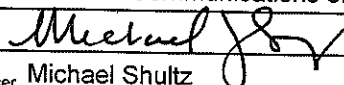


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

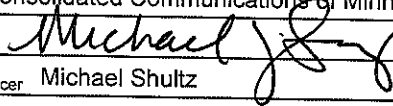
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Consolidated Communications of Minnesota Company	
Signature of authorized officer				Date	5/1/18
Printed name of authorized officer		Michael Shultz			
Title or position of authorized officer		Vice President, Regulatory and Public Policy			
Telephone number of authorized officer:		(603) 656-1535			
Study Area Code of Reporting Carrier		361427	Filing Due Date for this form (mm/dd/yyyy)	5/1/2018	
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

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

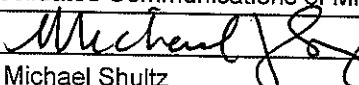
Name of Reporting Carrier				Consolidated Communications of Minnesota Company	
Signature of Authorized Officer					
Printed name of Authorized Officer			Michael Shultz		
Title or position of Authorized Officer			Vice President, Regulatory and Public Policy		
Telephone number of Authorized Officer:			(603) 656-1535 ext.		
Study Area Code of Reporting Carrier	361427	Filing Due Date for this form (mm/dd/yyyy)	5/1/2018		

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

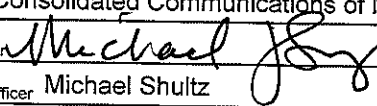
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Consolidated Communications of Minnesota Company	
Signature of authorized officer				Date	5/1/18
Printed name of authorized officer		Michael Shultz			
Title or position of authorized officer		Vice President, Regulatory and Public Policy			
Telephone number of authorized officer:		(603) 656-1535 ext.			
Study Area Code of Reporting Carrier	361427	Filing Due Date for this form (mm/dd/yyyy)	5/1/18		
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

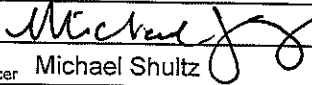
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier					Consolidated Communications of MidCom Company					
Signature of authorized officer							Date		5/1/18	
Printed name of authorized officer				Michael Shultz						
Title or position of authorized officer				Vice President, Regulatory and Public Policy						
Telephone number of authorized officer:				(603) 656-1535						
Study Area Code of Reporting Carrier			361375		Filing Due Date for this form (mm/dd/yyyy)		5/1/2018			
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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Consolidated Communications of MidCom Company	
Signature of authorized officer				Date	5/1/18
Printed name of authorized officer		Michael Shultz			
Title or position of authorized officer		Vice President, Regulatory and Public Policy			
Telephone number of authorized officer:		(603) 656-1535			
Study Area Code of Reporting Carrier	361375	Filing Due Date for this form (mm/dd/yyyy)	5/1/18		

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TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Consolidated Communications of MidCom Company

Signature of Authorized Officer

Michael Shultz

Date 5/1/18

Printed name of Authorized Officer Michael Shultz

Title or position of Authorized Officer Vice President, Regulatory and Public Policy

Telephone number of Authorized Officer: (603) 656-1535 ext.

Study Area Code of Reporting Carrier

361375

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

5/1/2018

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.