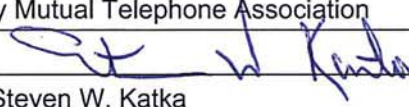


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>WILDERNESS VALLEY</b>					
Signature of Authorized Officer or employee: <b>Robert Riddell</b> <small>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlcwb.net,O=wilderness valley, Date:5/22/2017</small>				Date: <b>5/22/2017</b>	
Printed name of Authorized Officer or employee: <b>Robert Riddell</b>					
Title or position of Authorized Officer or employee: <b>CEO</b>					
Telephone number of Authorized Officer or employee: <b>218-488-6565</b>					
Study Area Code of Reporting Carrier	<b>361348</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CALLAWAY TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span>				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel co,lc= , Date:5/18/2017</small>  Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span>					
Study Area Code of Reporting Carrier	361365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>CLARA CITY TEL EXCH</b>					
Signature of Authorized Officer or employee: <b>Bruce Hanson</b>				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel exch,lc= , Date:5/17/2017</small> Date: <b>5/17/2017</b>	
Printed name of Authorized Officer or employee: <b>Bruce Hanson</b>					
Title or position of Authorized Officer or employee: <b>Treasurer</b>					
Telephone number of Authorized Officer or employee: <b>320-847-2211</b>					
Study Area Code of Reporting Carrier	<b>361370</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: CLEMENTS TEL CO					
Signature of Authorized Officer or employee: Staci Malikowski <div> <small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co,lc= , Date:5/18/2017</small> </div>				Date: 5/18/2017	
Printed name of Authorized Officer or employee: Staci Malikowski					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 218-346-8498					
Study Area Code of Reporting Carrier	361372		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 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 TELEPHONE COMPANY - MN					
Signature of authorized officer							Date		05/18/2017	
Printed name of authorized officer				Kevin T Larson						
Title or position of authorized officer				CEO/General Manager						
Telephone number of authorized officer:				(218) 454-1101						
Study Area Code of Reporting Carrier			361373		Filing Due Date for this form (mm/dd/yyyy)		6/16/2017			
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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


<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Beyer</b></p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel, Date:5/25/2017</small></p>	
<p>Date: <b>5/25/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-568-2105</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361389</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

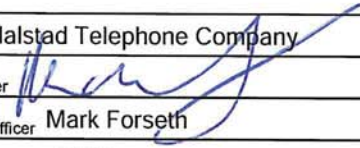
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier <b>Garden Valley Telephone Company</b>			
Signature of authorized officer 		Date	<b>May 16, 2017</b>
Printed name of authorized officer <b>Tim Brinkman</b>			
Title or position of authorized officer <b>CEO/General Manager</b>			
Telephone number of authorized officer: <b>(218) 687-2400</b> 200			
Study Area Code of Reporting Carrier	<b>361395</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY 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 Halstad Telephone Company			
Signature of authorized officer 		Date	05/19/2017
Printed name of authorized officer Mark Forseth			
Title or position of authorized officer CEO			
Telephone number of authorized officer: (218) 456-2124 ext.			
Study Area Code of Reporting Carrier	361401	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

## TO BE COMPLETED BY 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 Johnson Telephone Company			
Signature of authorized officer <i>Donna Gunderson</i>		Date	5/26/2017
Printed name of authorized officer Donna Gunderson			
Title or position of authorized officer Corporate Secretary			
Telephone number of authorized officer: (218) 566-2302 ext.			
Study Area Code of Reporting Carrier	361410	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KASSON &amp; MANTORVILLE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Beth Tollefson</b></p>				<p>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson &amp; mantorville, Date:5/23/2017</p>	
<p>Date: <b>5/23/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Beth Tollefson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-634-2511</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361412</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">LISMORE COOP TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tarri Joens</span>				<small>Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretel.com,O=lismore coop tel co,l=Lismore MN 56155-0127, Date:5/16/2017</small> Date: <span style="color: blue;">5/16/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tarri Joens</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">507-472-8748</span>					
Study Area Code of Reporting Carrier	361419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MABEL COOP TEL - MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Julie Kolka</b></p>				<p>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop tel - mn,l=Mabel MN 55954, Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Julie Kolka</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Interim General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-493-5411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361424</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>CHRISTENSEN COMM CO</b>					
Signature of Authorized Officer or employee: <b>Brent Christensen</b> <small>Digitally signed by Brent Christensen DN:cn=Brent Christensen,email=brentc@chriscomco.net,O=christensen comm co, Date:5/18/2017</small>				Date: <b>5/18/2017</b>	
Printed name of Authorized Officer or employee: <b>Brent Christensen</b>					
Title or position of Authorized Officer or employee: <b>Vice President</b>					
Telephone number of Authorized Officer or employee: <b>507-642-5514</b>					
Study Area Code of Reporting Carrier	<b>361425</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MELROSE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose tel co,lc= , Date:5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361430</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MIDWEST TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel co,lc= , Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361431</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>NEW ULM TELECOM, INC</b>					
Signature of Authorized Officer or employee: <b>Curt Kawlewski</b>				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc, Date:5/18/2017</small> Date: <b>5/18/2017</b>	
Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b>					
Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer or employee: <b>507-233-4172</b>					
Study Area Code of Reporting Carrier	<b>361442</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">LORETEL SYSTEMS, INC</span>					
Signature of Authorized Officer or employee: <span style="color: blue;"><b>Staci Malikowski</b></span>				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc, Date:5/18/2017</small> Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span>					
Study Area Code of Reporting Carrier	361443		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PARK REGION MUTUAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Bickett</b></p>				<p><small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual,l=Underwood MN 56586-0277, Date:5/16/2017</small></p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-826-6161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361450</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PAUL BUNYAN RURAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Schultz</b></p>				<p><small>Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural, = , Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dave Schultz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-444-1141</b></p>					
Study Area Code of Reporting Carrier	<b>361451</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">REDWOOD COUNTY TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361472</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

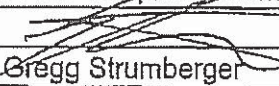
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SACRED HEART TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel co,lc= , Date:5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-2211</b></p>					
Study Area Code of Reporting Carrier	<b>361476</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier: <b>Scott Rice Telephone Company</b>			
Signature of authorized officer: 		Date: <b>5/24/17</b>	
Printed name of authorized officer: <b>Gregg Strumberger</b>			
Title or position of authorized officer: <b>Assistant Secretary</b>			
Telephone number of authorized officer: <b>(303) 381-4666</b>			
Study Area Code of Reporting Carrier: <b>361479</b>		Filing Due Date for this form (mm/dd/yyyy): <b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SLEEPY EYE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel co, Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361483</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SPRING GROVE COMM.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Craig Otterness</span>				<small>Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove comm.,l=Spring Grove MN 55974-0516, Date:5/23/2017</small> Date: <span style="color: blue;">5/23/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Craig Otterness</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">GM/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">507-498-3456</span>					
Study Area Code of Reporting Carrier	361485		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>STARBUCK TEL CO</b>					
Signature of Authorized Officer or employee: <b>Bruce Hanson</b> <small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel co,l= , Date:5/17/2017</small>				Date: <b>5/17/2017</b>	
Printed name of Authorized Officer or employee: <b>Bruce Hanson</b>					
Title or position of Authorized Officer or employee: <b>Treasurer</b>					
Telephone number of Authorized Officer or employee: <b>320-847-2211</b>					
Study Area Code of Reporting Carrier	<b>361487</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">UPSALA COOP TEL ASSN</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tony Gebhard</span>				<small>Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala coop tel assn,l=Upsala MN 56384, Date:5/17/2017</small>  Date: <span style="color: blue;">5/17/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tony Gebhard</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">320-573-1390</span>					
Study Area Code of Reporting Carrier	361494		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>TRI-CO/CROSSLAKE</b>					
Signature of Authorized Officer or employee: <b>Josh Netland</b> <small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=tri-co/crosslake,l=Emily MN 56447, Date:5/22/2017</small>				Date: <b>5/22/2017</b>	
Printed name of Authorized Officer or employee: <b>Josh Netland</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>218-763-3000</b>					
Study Area Code of Reporting Carrier	<b>361499</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHERN TEL CO - MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Riddell</b></p>				<p><small>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlcwb.net,O=northern tel co - mn, Date:5/22/2017</small></p> <p>Date: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Robert Riddell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-488-6565</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361500</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST CENTRAL TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chad Bullock</span></p>				<p><small>Digitally signed by Chad Bullock DN:cn=Chad Bullock,email=chadb@wcta.net,O=west central tel,l=Sebeka MN 56477, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chad Bullock</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO-GM</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-837-5151</span></p>					
Study Area Code of Reporting Carrier	361501		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

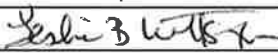
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Curt Kawlewski</span></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western tel co,lc= , Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-233-4172</span></p>					
Study Area Code of Reporting Carrier	361502		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

**Certification of Officer for Rate-of-Return Carrier 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					Wikstrom Telephone Co Inc					
Signature of authorized officer							Date		05/24/2017	
Printed name of authorized officer					Leslie B Wikstrom					
Title or position of authorized officer					Vice President					
Telephone number of authorized officer:					(218) 436-2121 ext.					
Study Area Code of Reporting Carrier			361505		Filing Due Date for this form (mm/dd/yyyy)		6/16/2017			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">WINTHROP TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Busche</span>				<small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=winthrop tel co,l=Franklin MN 55333, Date:5/18/2017</small>  Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Busche</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">507-557-2275</span>					
Study Area Code of Reporting Carrier	361508		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">WOODSTOCK TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terry Nelson</span>				<small>Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock tel co,l=Ruthon MN 56170, Date:5/17/2017</small> Date: <span style="color: blue;">5/17/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Terry Nelson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Operations Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">507-658-3830</span>					
Study Area Code of Reporting Carrier	361510		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 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				Wolverton Telephone Co	
Signature of authorized officer			Date		5/17/2017
Printed name of authorized officer			Karl Blake		
Title or position of authorized officer			Executive Vice President		
Telephone number of authorized officer:			(701) 284-7221, ext.		
Study Area Code of Reporting Carrier		361512	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">INTERSTATE TELECOMM.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tracy Bandemer</span>				<small>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecomm.,l=Clear Lake SD 57226-0920, Date:5/19/2017</small>  Date: <span style="color: blue;">5/19/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tracy Bandemer</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-874-2181</span>					
Study Area Code of Reporting Carrier	361654		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

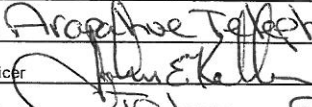
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>ARAPAHOE TEL CO</b>					
Signature of Authorized Officer or employee: <b>John Koller</b> <small>Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe tel co,l=Arapahoe NE 68922, Date:5/19/2017</small>				Date: <b>5/19/2017</b>	
Printed name of Authorized Officer or employee: <b>John Koller</b>					
Title or position of Authorized Officer or employee: <b>VP Operations</b>					
Telephone number of Authorized Officer or employee: <b>308-962-7298</b>					
Study Area Code of Reporting Carrier	<b>371516</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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	Arapahoe Telephone Company		
Signature of authorized officer		Date	7-10-17
Printed name of authorized officer	John E. Koller		
Title or position of authorized officer	VP/GM		
Telephone number of authorized officer	308967298 ext.		
Study Area Code of Reporting Carrier	B71516	Filing Due Date for this form (mm/dd/yyyy)	July 2017

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARLINGTON TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Joe Jetensky</span></p>				<p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=arlington tel co, Inc., Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joe Jetensky</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/GM</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-426-6245</span></p>					
Study Area Code of Reporting Carrier	371517		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELSIE COMM., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Shipley</span></p>				<p><small>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@ghvalley.net, O=elsie comm., inc., l=Colorado City CO 81019, Date: 5/24/2017</small></p> <p>Date: <span style="color: blue;">5/24/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Shipley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">866-542-6780</span></p>					
Study Area Code of Reporting Carrier	371518		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					




TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELCO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>				<p>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco,l=Lincoln NE 68506-0147, Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-489-2728</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371530</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CLARKS TELECOM CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patrick McElroy</b></p>				<p><small>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=clarks telecom co.,l= , Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Patrick McElroy</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-632-4321</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371531</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COZAD TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marcus Young</b></p>				<p>Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad tel co,lc=, Date:5/24/2017</p>	
<p>Date: <b>5/24/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Marcus Young</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-784-4044</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371534</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>DALTON TEL CO, INC</b>					
Signature of Authorized Officer or employee: <b>David Shipley</b>				<small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,l=Colorado City CO 81019, Date:5/24/2017</small> Date: <b>5/24/2017</b>	
Printed name of Authorized Officer or employee: <b>David Shipley</b>					
Title or position of Authorized Officer or employee: <b>Vice President</b>					
Telephone number of Authorized Officer or employee: <b>866-542-6779</b>					
Study Area Code of Reporting Carrier	<b>371537</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DILLER TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Loren Duerksen</span></p>				<p><small>Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller tel co,l=Diller NE 68342-0236, Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Loren Duerksen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Director of Operations</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-793-5330</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371540</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>EASTERN NEBRASKA TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Joe Jetensky</b></p>				<p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=eastern nebraska tel, Date:5/25/2017</small></p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Joe Jetensky</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/GM</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-426-6245</b></p>					
Study Area Code of Reporting Carrier	<b>371542</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

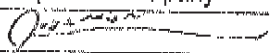
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD TEL MEMBER</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Stanley Rouse</span></p>				<p><small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood tel member, Blue Hill NE 68930-0008, Date:5/19/2017</small></p> <p>Date: <span style="color: blue;">5/19/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Stanley Rouse</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-756-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371553</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY 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			
Hamilton Telephone Company			
Signature of authorized officer		Date	
		5-17-17	
Printed name of authorized officer			
John Nelson			
Title or position of authorized officer			
President			
Tel. phone number of authorized officer			
(402) 694-5101			
NATL. ACR. Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)	
371555		6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>HARTINGTON TELECOM</b>					
Signature of Authorized Officer or employee: <b>Mike Becker</b>				<small>Digitally signed by Mike Becker DN:cn=Mike Becker,email=mbecker@hartel.net,O=hartington telecom,l=Hartington NE 68739-0157, Date:5/26/2017</small> Date: <b>5/26/2017</b>	
Printed name of Authorized Officer or employee: <b>Mike Becker</b>					
Title or position of Authorized Officer or employee: <b>General Manager/CEO</b>					
Telephone number of Authorized Officer or employee: <b>402-254-3901</b>					
Study Area Code of Reporting Carrier	<b>371556</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>HEMINGFORD COOP TEL</b>					
Signature of Authorized Officer or employee: <b>Tonya Mayer</b> <small>Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop tel,l=Hemingford NE 69348-0246, Date:5/18/2017</small>				Date: <b>5/18/2017</b>	
Printed name of Authorized Officer or employee: <b>Tonya Mayer</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>308-487-3311</b>					
Study Area Code of Reporting Carrier	<b>371558</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>HENDERSON CO-OP TEL</b>					
Signature of Authorized Officer or employee: <b>James Mestl</b> <small>Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henderson co-op tel,l=Henderson NE 68371, Date:5/16/2017</small>				Date: <b>5/16/2017</b>	
Printed name of Authorized Officer or employee: <b>James Mestl</b>					
Title or position of Authorized Officer or employee: <b>Board President</b>					
Telephone number of Authorized Officer or employee: <b>402-723-4448</b>					
Study Area Code of Reporting Carrier	<b>371559</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>HERSHEY COOP TEL CO</b>					
Signature of Authorized Officer or employee: <b>Rex Woolley</b> <small>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey coop tel co,l=Hershey NE 69143, Date:5/23/2017</small>				Date: <b>5/23/2017</b>	
Printed name of Authorized Officer or employee: <b>Rex Woolley</b>					
Title or position of Authorized Officer or employee: <b>General Manager &amp; CEO</b>					
Telephone number of Authorized Officer or employee: <b>308-368-5561</b>					
Study Area Code of Reporting Carrier	<b>371561</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOOPER TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;"><b>Robert Gannon</b></span></p>				<p><small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper tel co,l=Remsen IA 51050-0330, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Gannon</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-786-5572</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371563</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>K &amp; M TEL CO, INC</b>					
Signature of Authorized Officer or employee: <b>Thomas Magnuson</b>				<small>Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k &amp; m tel co, inc,l=Chambers NE 68725, Date:5/16/2017</small> Date: <b>5/16/2017</b>	
Printed name of Authorized Officer or employee: <b>Thomas Magnuson</b>					
Title or position of Authorized Officer or employee: <b>President/General Manager</b>					
Telephone number of Authorized Officer or employee: <b>402-482-5800</b>					
Study Area Code of Reporting Carrier	<b>371565</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD NET SRV</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Stanley Rouse</span></p>				<p><small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood net srvc,Blue Hill NE 68930-0008, Date:5/19/2017</small></p> <p>Date: <span style="color: blue;">5/19/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Stanley Rouse</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-756-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371567</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEBRASKA CENTRAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Nancy McGregor-Jader</b></p>				<p>Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central tel,=Gibbon NE 68840-0700, Date:5/17/2017</p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Nancy McGregor-Jader</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-468-6341</b></p>					
Study Area Code of Reporting Carrier	<b>371574</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST NEBRASKA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patrick McElroy</b></p>				<small>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=northeast nebraska,lc= , Date:5/16/2017</small> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Patrick McElroy</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-632-4321</b></p>					
Study Area Code of Reporting Carrier	<b>371576</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PIERCE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mary Bichlmeier</span></p>				<p><small>Digitally signed by Mary Bichlmeier DN: cn=Mary Bichlmeier, email=maryb@piercetelphone.com, O=pierce tel co, c=Pierce NE 68767-0113, Date: 5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mary Bichlmeier</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Company Accountant</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-329-6225</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371581</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PLAINVIEW TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Eric Nye</span></p>				<p><small>Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@uwyo.edu,O=plainview tel co,l=Plainview NE 68769-0117, Date:5/16/2017</small></p>	
<p>Date: <span style="color: blue;">5/16/2017</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Eric Nye</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-582-4242</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371582</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ROCK COUNTY TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Joe Jetensky</b></p>				<p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co, Date: 5/25/2017</small></p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Joe Jetensky</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/GM</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-426-6245</b></p>					
Study Area Code of Reporting Carrier	<b>371586</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>STANTON TELECOM INC.</b>					
Signature of Authorized Officer or employee: <b>Robert Paden</b> <small>Digitally signed by Robert Paden DN:cn=Robert Paden,email=rjpaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/30/2017</small>				Date: <b>5/30/2017</b>	
Printed name of Authorized Officer or employee: <b>Robert Paden</b>					
Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b>					
Telephone number of Authorized Officer or employee: <b>402-439-2264</b>					
Study Area Code of Reporting Carrier	<b>371592</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>WAUNETA TEL CO</b>					
Signature of Authorized Officer or employee: <b>Linda McKain</b> <small>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=wauneta tel co,l=Benkelman NE 69021, Date:5/19/2017</small>				Date: <b>5/19/2017</b>	
Printed name of Authorized Officer or employee: <b>Linda McKain</b>					
Title or position of Authorized Officer or employee: <b>Accounting Manager</b>					
Telephone number of Authorized Officer or employee: <b>308-423-5607</b>					
Study Area Code of Reporting Carrier	<b>371597</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

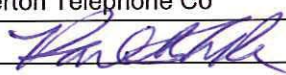
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTH DAKOTA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shawna Senger</b></p>				<p>Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota tel co,l=Devils Lake ND 58301, Date:5/16/2017</p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shawna Senger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-662-6428</b></p>					
Study Area Code of Reporting Carrier	<b>381447</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ABSARAKA COOP TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ann Faught</span></p>				<p><small>Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ann Faught</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-896-3404</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381601</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier Consolidated Telcom			
Signature of authorized officer <i>Bill Schaller</i>		Date	5/25/2017
Printed name of authorized officer Bill Schaller			
Title or position of authorized officer Board President			
Telephone number of authorized officer: (701) - 483-4000			
Study Area Code of Reporting Carrier	381607	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">DICKEY RURAL COOP</span>					
Signature of Authorized Officer or employee: <span style="color: blue;"><b>Robert Johnson</b></span>				<small>Digitally signed by Robert Johnson DN:cn=Robert Johnson,email=rjohnson@drtel.com,O=dickey rural coop,l=Ellendale ND 58436, Date:5/22/2017</small> Date: <span style="color: blue;">5/22/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Johnson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">701-344-6010</span>					
Study Area Code of Reporting Carrier	381611		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 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				Polar Communications Mutual Aid Corp	
Signature of authorized officer			Date		5/17/2017
Printed name of authorized officer			Karl Blake		
Title or position of authorized officer			General Manager/CEO		
Telephone number of authorized officer:			(701) 284-7221, ext.		
Study Area Code of Reporting Carrier		381614	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GRIGGS COUNTY TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tyler Kilde</b></p>				<p><small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county tel co,l=Enderlin ND 58027-0066, Date:5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tyler Kilde</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP/GM</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-437-3417</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381615</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">INTER-COMMUNITY TEL</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Johnson</span>				<small>Digitally signed by Mark Johnson DN:cn=Mark Johnson,email=mjohnson@ictc.com,O=inter-community tel, =Nome SD 58062, Date:5/25/2017</small>  Date: <span style="color: blue;">5/25/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Johnson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">GM/CEO/VP</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">701-924-8815</span>					
Study Area Code of Reporting Carrier	381616		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDSTATE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Ryan Wilhelmi</span></p>				<p><small>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate tel co,l=Stanley ND 58784-0400, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ryan Wilhelmi</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-628-2522</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381617</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					




TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <span style="color: blue;">GRIGGS CTY (M&amp;L)</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tyler Kilde</span></p>				<p><small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs cty (m&amp;l),l=Enderlin ND 58027-0066, Date:5/26/2017</small></p> <p>Date: <span style="color: blue;">5/26/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tyler Kilde</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP/GM</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-437-3417</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381622</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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


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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RED RIVER COMM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jeffrey Olson</b></p>				<p>Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@redrivercomm.com,O=red river comm.,l=Abercrombie ND 58001, Date:5/23/2017</p>	
<p>Date: <b>5/23/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jeffrey Olson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-553-8309</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381631</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>UNITED TEL MUTUAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Perry Oster</b></p>				<p>Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual, =Langdon ND 58249-0729, Date:5/23/2017</p>	
<p>Date: <b>5/23/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Perry Oster</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-256-5156</b></p>					
Study Area Code of Reporting Carrier	<b>381636</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>W. RIVER TELECOM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Troy Schilling</b></p>				<p>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtr.com,O=w. river telecom.,l=Hazen ND 58545, Date:5/25/2017</p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Troy Schilling</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-748-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381637</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SRT COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steve Lysne</b></p>				<p><small>Digitally signed by Steve Lysne DN:cn=Steve Lysne,email=stevedl@srttel.com,O=srt communications,l=Minot ND 58702-2027, Date:5/23/2017</small></p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Steve Lysne</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-858-5246</b></p>					
Study Area Code of Reporting Carrier	<b>383303</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS SD</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kari Flanagan</span>				<small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills sd,l=Garretson SD 57030, Date:5/23/2017</small> Date: <span style="color: blue;">5/23/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span>					
Study Area Code of Reporting Carrier	391405		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

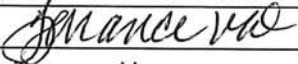
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-ARMOUR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-armour, =Wall SD 57790-0411, Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391640</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-BALTIC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kari Flanagan</span>				<small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,lc=Garretson SD 57030, Date:5/23/2017</small>  Date: <span style="color: blue;">5/23/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span>					
Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 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 Cheyenne River Sioux Tribe Telephone Authority				
Signature of authorized officer 		Date	05-24-17	
Printed name of authorized officer Terrance Veo				
Title or position of authorized officer Board President				
Telephone number of authorized officer: (605) 964-2600				
Study Area Code of Reporting Carrier 391647		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">BERESFORD MUNICIPAL</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Todd Hansen</span>				<small>Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal,lc= , Date:5/26/2017</small>  Date: <span style="color: blue;">5/26/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Todd Hansen</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-763-2500</span>					
Study Area Code of Reporting Carrier	391649		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CLARITY TELECOM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Keith Davidson</b></p>				<p><small>Digitally signed by Keith Davidson DN:cn=Keith Davidson,email=Keith.Davidson@vastbroadband.com,O=clarity telecom, Date:5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Keith Davidson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-481-2265</b></p>					
Study Area Code of Reporting Carrier	<b>391652</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: CITY OF FAITH MUNIC					
Signature of Authorized Officer or employee: Debbie Brown				<small>Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith munic, =Faith SD 57626-0368, Date:5/26/2017</small> Date: 5/26/2017	
Printed name of Authorized Officer or employee: Debbie Brown					
Title or position of Authorized Officer or employee: Finance Officer					
Telephone number of Authorized Officer or employee: 605-967-2261					
Study Area Code of Reporting Carrier	391653		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">INTERSTATE TELECOMM.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tracy Bandemer</span>				<small>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecomm.,l=Clear Lake SD 57226-0920, Date:5/19/2017</small>  Date: <span style="color: blue;">5/19/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tracy Bandemer</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-874-2181</span>					
Study Area Code of Reporting Carrier	391654		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-SPLITROCK</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kari Flanagan</span>				<small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock,lc=Garretson SD 57030, Date:5/23/2017</small> Date: <span style="color: blue;">5/23/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span>					
Study Area Code of Reporting Carrier	391657		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GOLDEN WEST TELECOM</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dennis Law</span>				<small>Digitally signed by Dennis Law DN: cn=Dennis Law, email=dennylaw@goldenwest.com, O=golden west telecom, l=Wall SD 57790-0411, Date: 5/18/2017</small>  Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-279-2161</span>					
Study Area Code of Reporting Carrier	391659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FT RANDALL-MT RUSHMR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr,lc=MT, Date:5/23/2017</small></p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-2211</b></p>					
Study Area Code of Reporting Carrier	<b>391660</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-KADOKA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-kadoka, =Wall SD 57790-0411, Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391667</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KENNEBEC TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rod Bowar</b></p>				<p>Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec tel co,l=Kennebec SD 57544, Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rod Bowar</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-869-2220</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391668</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>TRIOTEL COMM-MCCOOK</b>					
Signature of Authorized Officer or employee: <b>Bryan Roth</b> <small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm-mccook,l=Salem SD 57058-0630, Date:5/18/2017</small>				Date: <b>5/18/2017</b>	
Printed name of Authorized Officer or employee: <b>Bryan Roth</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>605-425-2238</b>					
Study Area Code of Reporting Carrier	<b>391669</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MIDSTATE COMM., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Benton</b></p>				<p><small>Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate comm., inc.,l=Kimball SD 57355, Date:5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mark Benton</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-778-6221</b></p>					
Study Area Code of Reporting Carrier	<b>391670</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WEST RIVER(MOBRIDGE)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Troy Schilling</b></p>				<p>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river(mobridge),l=Hazen ND 58545, Date:5/25/2017</p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Troy Schilling</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-748-2211</b></p>					
Study Area Code of Reporting Carrier	<b>391671</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RC TECHNOLOGIES</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Bostrom</b></p>				<p>Digitally signed by Scott Bostrom DN:cn=Scott Bostrom,email=sbostrom@tnics.com,O=rc technologies,l=New Effington SD 57255-0197, Date:5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Scott Bostrom</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-637-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391674</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GOLDEN WEST-SIOUX VY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dennis Law</span>				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-sioux vy,l=Wall SD 57790-0411, Date:5/18/2017</small> Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-279-2161</span>					
Study Area Code of Reporting Carrier	391677		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTERSTATE-SST</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Tracy Bandemer</span></p>				<p><small>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate-sst, Clear Lake SD 57226-0920, Date:5/19/2017</small></p> <p>Date: <span style="color: blue;">5/19/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tracy Bandemer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-874-2181</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391679</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY 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				Venture Communications Cooperative	
Signature of authorized officer			Date		5/23/2017
Printed name of authorized officer			Randy W. Houdek		
Title or position of authorized officer			General Manager / CEO		
Telephone number of authorized officer:			(605) 852-2224		
Study Area Code of Reporting Carrier		391680	Filing Due Date for this form (mm/dd/yyyy)		6/16/17
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIOTEL COMM(TRI-C)</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bryan Roth</span></p>				<p><small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm(tri-c),l=Salem SD 57058-0630, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bryan Roth</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-425-2238</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391682</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">VALLEY TELECOMM.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jeff Symens</span>				<small>Digitally signed by Jeff Symens DN:cn=Jeff Symens,email=jsymens@valleytel.net,O=valley telecom.,l=Herreid SD 57632-0007, Date:5/24/2017</small> Date: <span style="color: blue;">5/24/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Jeff Symens</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-437-2615</span>					
Study Area Code of Reporting Carrier	391685		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GOLDEN WEST-VIVIAN</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dennis Law</span>				<small>Digitally signed by Dennis Law DN: cn=Dennis Law, email=dennylaw@goldenwest.com, O=golden west-vivian, l=Wall SD 57790-0411, Date: 5/18/2017</small> Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-279-2161</span>					
Study Area Code of Reporting Carrier	391686		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 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 <b>Venture Communications Cooperative (Western)</b>			
Signature of authorized officer <i>Randy W. Houdek</i>		Date	<b>5/23/2017</b>
Printed name of authorized officer <b>Randy W. Houdek</b>			
Title or position of authorized officer <b>General Manager / CEO</b>			
Telephone number of authorized officer: <b>(605) 852-2224</b> , ext.			
Study Area Code of Reporting Carrier	<b>391688</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/17</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST RIVER COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Colle Nash</span></p>				<p><small>Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river coop,l=Bison SD 57620, Date:5/19/2017</small></p> <p>Date: <span style="color: blue;">5/19/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Colle Nash</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Interim Co-Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-244-5213</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391689</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

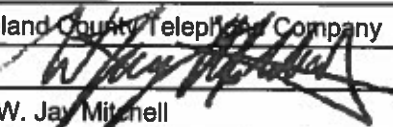
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>ARKANSAS TEL CO</b>					
Signature of Authorized Officer or employee: <b>Randy McCaslin</b>				<small>Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas tel co,l=Clinton AR 72031, Date:5/30/2017</small> Date: <b>5/30/2017</b>	
Printed name of Authorized Officer or employee: <b>Randy McCaslin</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>501-745-2114</b>					
Study Area Code of Reporting Carrier	<b>401692</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

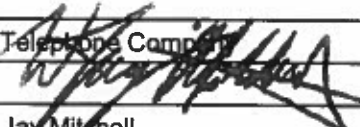
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>CENTRAL ARKANSAS TEL</b>					
Signature of Authorized Officer or employee: <b>Shirley Kinnaird</b> <small>Digitally signed by Shirley Kinnaird DN:cn=Shirley Kinnaird,email=shirley@catc.net,O=central arkansas tel,l=Bismarck AR 71929-0130, Date:5/18/2017</small>				Date: <b>5/18/2017</b>	
Printed name of Authorized Officer or employee: <b>Shirley Kinnaird</b>					
Title or position of Authorized Officer or employee: <b>Office Manager</b>					
Telephone number of Authorized Officer or employee: <b>501-865-3212</b>					
Study Area Code of Reporting Carrier	<b>401697</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier <u>Cleveland County Telephone Company</u>			
Signature of authorized officer 		Date <u>5/30/2017</u>	
Printed name of authorized officer <u>W. Jay Mitchell</u>			
Title or position of authorized officer <u>President</u>			
Telephone number of authorized officer: <u>(417) 776-2247</u> ext. <u>        </u>			
Study Area Code of Reporting Carrier <u>401698</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 AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH ARKANSAS TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Greg Ashcraft</b></p>				<p>Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel,l=Sheridan AR 72150, Date:5/30/2017</p>	
<p>Date: <b>5/30/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Greg Ashcraft</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-942-4344</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401702</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LAVACA TEL CO-AR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Keith Gibson</b></p>				<p><small>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ar,l=Lavaca AR 72941-0230, Date:5/24/2017</small></p> <p>Date: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Keith Gibson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>479-674-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401704</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MADISON COUNTY TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tom Shrum</b></p>				<p><small>Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel,=Huntsville AR 72740, Date:5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tom Shrum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>479-738-2121</b></p>					
Study Area Code of Reporting Carrier	<b>401709</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>MAGAZINE TEL CO</b>					
Signature of Authorized Officer or employee: <b>Kathy Stone</b> <small>Digitally signed by Kathy Stone DN:cn=Kathy Stone,email=magtel@magtel.com,O=magazine tel co,l=Magazine AR 72943, Date:5/22/2017</small>				Date: <b>5/22/2017</b>	
Printed name of Authorized Officer or employee: <b>Kathy Stone</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>479-969-2211</b>					
Study Area Code of Reporting Carrier	<b>401710</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOUNTAIN VIEW TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Anne Schuhknecht</span></p>				<p>Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=mountain view tel co,l=Mountain Home AR 72654-1970, Date:5/26/2017</p>	
<p>Date: <span style="color: blue;">5/26/2017</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Anne Schuhknecht</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">870-425-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401712</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>PRAIRIE GROVE TEL CO</b>					
Signature of Authorized Officer or employee: <b>Rick Reed</b>				<small>Digitally signed by Rick Reed DN:cn=Rick Reed,email=treed@pgtc.com,O=prairie grove tel co,l=Prairie Grove AR 72753-1010, Date:5/25/2017</small> Date: <b>5/25/2017</b>	
Printed name of Authorized Officer or employee: <b>Rick Reed</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>479-846-7200</b>					
Study Area Code of Reporting Carrier	<b>401718</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>E RITTER TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Strode</b></p>				<p><small>Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=e ritter tel co, =Jonesboro AR 72403, Date:5/16/2017</small></p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Strode</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-336-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401722</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>SW ARKANSAS TEL COOP</b>					
Signature of Authorized Officer or employee: <b>Tina Moore</b>				<small>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=sw arkansas tel coop, Date:5/18/2017</small> Date: <b>5/18/2017</b>	
Printed name of Authorized Officer or employee: <b>Tina Moore</b>					
Title or position of Authorized Officer or employee: <b>Accountant</b>					
Telephone number of Authorized Officer or employee: <b>870-653-8222</b>					
Study Area Code of Reporting Carrier	<b>401724</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SCOTT COUNTY TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Karen Gilliam</span>				<small>Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county tel co,l=Avilla MO 64833, Date:5/26/2017</small>  Date: <span style="color: blue;">5/26/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Karen Gilliam</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">479-923-4200</span>					
Study Area Code of Reporting Carrier	403031		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BLUE VALLEY TELE-COM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Candace Wright</span></p>				<p><small>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-com,lc=, Date:5/19/2017</small></p>	
<p>Date: <span style="color: blue;">5/19/2017</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Candace Wright</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">785-799-3657</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411746</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>COUNCIL GROVE TEL CO</b>					
Signature of Authorized Officer or employee: <b>Dale Jones</b>				<small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel co,l=Council Grove KS 66846-0299, Date:5/22/2017</small> Date: <b>5/22/2017</b>	
Printed name of Authorized Officer or employee: <b>Dale Jones</b>					
Title or position of Authorized Officer or employee: <b>CEO</b>					
Telephone number of Authorized Officer or employee: <b>620-767-5153</b>					
Study Area Code of Reporting Carrier	<b>411758</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY 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 Elkhart Telephone Co., Inc

Signature of authorized officer

*Trenton D. Boaldin*

Date

5/16/2017

Printed name of authorized officer Trenton D. Boaldin

Title or position of authorized officer President

Telephone number of authorized officer: (620) 697-2111, ext.

Study Area Code of Reporting Carrier

411764

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

6/16/2017

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GOLDEN BELT TEL ASSN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Beau Rebel</span></p>				<p><small>Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbtlive.com,O=golden belt tel assn,l=Rush Center KS 67575, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Beau Rebel</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">785-372-4236</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411777</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GORHAM TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tonya Murphy</b></p>				<p><small>Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,l=Gorham KS 67640-0235, Date:5/23/2017</small></p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tonya Murphy</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-637-5300</b></p>					
Study Area Code of Reporting Carrier	<b>411778</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">HAVILAND TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Wade</span>				<small>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland tel co,l=Haviland KS 67059, Date:5/18/2017</small>  Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Wade</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">620-862-5211</span>					
Study Area Code of Reporting Carrier	411780		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

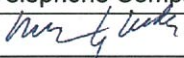
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>H &amp; B COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Koch</b></p>				<p>Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h &amp; b communications,l=Holyrood KS 67450, Date:5/23/2017</p>	
<p>Date: <b>5/23/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Koch</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-252-4000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411781</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HOME TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tina Anderson</b></p>				<p><small>Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home tel co,l=Galva KS 67443, Date:5/23/2017</small></p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tina Anderson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Customer Acct &amp; Billing Mgr/Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-654-3381</b></p>					
Study Area Code of Reporting Carrier	<b>411782</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <span style="color: blue;">KANOKLA TEL ASSN-KS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Jill Kuehny</span></p>				<p><small>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla tel assn-ks,l=Caldwell KS 67022-0111, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jill Kuehny</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-845-5682</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411788</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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Name of Reporting Carrier: <span style="color: blue;">MADISON TEL., LLC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Shana Rains</span>				<small>Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison tel., llc,l=Madison KS 66860, Date:5/18/2017</small> Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Shana Rains</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Accountant</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">620-437-2356</span>					
Study Area Code of Reporting Carrier	411801		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MOKAN DIAL INC-KS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amanda Molina</b></p>				<p><small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-ks, Date:5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of External Relations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>904-259-0029</b></p>					
Study Area Code of Reporting Carrier	<b>411807</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: <b>MUTUAL TEL CO</b>					
Signature of Authorized Officer or employee: <b>John Tietjens</b> <small>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mual tel co,l=Little River KS 67457, Date:5/23/2017</small>				Date: <b>5/23/2017</b>	
Printed name of Authorized Officer or employee: <b>John Tietjens</b>					
Title or position of Authorized Officer or employee: <b>President &amp; General Manager</b>					
Telephone number of Authorized Officer or employee: <b>620-897-6200</b>					
Study Area Code of Reporting Carrier	<b>411809</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <b>PEOPLES TELECOM LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kathy Billinger</b></p>				<p><small>Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecom llc, LaCygne KS 66040, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kathy Billinger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>913-757-2500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411814</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CRAW-KAN TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Craig Wilbert</b></p>				<p><small>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop,l=Girard KS 66743-0100, Date:5/19/2017</small></p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Craig Wilbert</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-724-8235</b></p>					
Study Area Code of Reporting Carrier	<b>411818</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RAINBOW TELECOM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kathy Ruoff</b></p>				<p><small>Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecom,l=Everest KS 66424, Date:5/22/2017</small></p> <p>Date: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kathy Ruoff</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-548-7511</b></p>					
Study Area Code of Reporting Carrier	<b>411820</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">S &amp; T TEL COOP ASSN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Christina Hickert</span></p>				<p><small>Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s &amp; t tel coop assn,l=Brewster KS 67732, Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Christina Hickert</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">256-694-2256</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411827</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>S &amp; A TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Janet Bathurst</b></p>				<p><small>Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s &amp; a tel co inc,l=Allen KS 66833-0068, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Janet Bathurst</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-528-3223</b></p>					
Study Area Code of Reporting Carrier	<b>411829</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">S. CENTRAL TEL - KS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kelly Johnson</span></p>				<p><small>Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@sctelcom.com,O=s. central tel - ks, Date:5/24/2017</small></p> <p>Date: <span style="color: blue;">5/24/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kelly Johnson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-930-1020</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411831</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SOUTHERN KANSAS TEL</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">William McVey</span>				<small>Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel,l=Clearwater KS 67026-0800, Date:5/20/2017</small>  Date: <span style="color: blue;">5/20/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">William McVey</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">620-584-8337</span>					
Study Area Code of Reporting Carrier	411833		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SUNFLOWER TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Michael Skrivan</span></p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=sunflower tel co, Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Skrivan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice-President Regulatory</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">207-535-4150</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411835</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">TRI-COUNTY TEL ASSN</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dale Jones</span>				<small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel assn,l=Council Grove KS 66846-0299, Date:5/22/2017</small> Date: <span style="color: blue;">5/22/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dale Jones</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">620-767-5153</span>					
Study Area Code of Reporting Carrier	411839		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>UNITED TEL ASSN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jennifer Pachner</b></p>				<p><small>Digitally signed by Jennifer Pachner DN:cn=Jennifer Pachner,email=jenniferp@unitedtelcom.net,O=united tel assn,l=Dodge City KS 67801-0117, Date:5/23/2017</small></p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jennifer Pachner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-227-8641</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411841</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WHEAT STATE TEL, INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Arturo Macias</b></p>				<p><small>Digitally signed by Arturo Macias DN:cn=Arturo Macias,email=agmacias@wheatstate.com,O=wheat state tel, inc,l=Udall KS 67146, Date:5/25/2017</small></p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Arturo Macias</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-782-3341</b></p>					
Study Area Code of Reporting Carrier	<b>411847</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WILSON TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brian Boisvert</b></p>				<p><small>Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,l=Wilson KS 67490-0190, Date:5/23/2017</small></p> <p>Date: <b>5/23/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brian Boisvert</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO /General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-658-2111</b></p>					
Study Area Code of Reporting Carrier	<b>411849</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BPS Tel. Co.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lisa Winberry</b></p>				<p>Digitally signed by Lisa Winberry DN: cn=Lisa Winberry, email=Winberry@BPSTelephone.com, O=bps tel. co., l=Bernie MO 63822-0550, Date: 5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lisa Winberry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-293-2277</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>420463</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

## TO BE COMPLETED BY 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 IAMO Telephone Company-MO

Signature of authorized officer



Date

5-26-2017

Printed name of authorized officer Merlin Swanson

Title or position of authorized officer

Secretary

Telephone number of authorized officer:

(712) 583-3232

Study Area Code of Reporting Carrier

421206

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

6/16/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FAIRPOINT MISSOURI</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Skrivan</b></p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=fairpoint missouri, Date: 5/25/2017</small></p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michael Skrivan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice-President Regulatory</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>207-535-4150</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421472</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOKAN DIAL INC-MO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Amanda Molina</span></p>				<p><small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-mo,lc=US, Date:5/26/2017</small></p> <p>Date: <span style="color: blue;">5/26/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Amanda Molina</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of External Relations</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">904-259-0029</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421807</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALMA COMM. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Adolf Heins</span></p>				<p><small>Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma comm. co.,l=Alma MO 64001, Date:5/26/2017</small></p> <p>Date: <span style="color: blue;">5/26/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Adolf Heins</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-674-2297</span></p>					
Study Area Code of Reporting Carrier	421860		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>CHARITON VALLEY TEL</b>					
Signature of Authorized Officer or employee: <b>Kirby Underberg</b>				<small>Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@charitonvalley.com,O=chariton valley tel,l=Macon MO 63552, Date:5/17/2017</small> Date: <b>5/17/2017</b>	
Printed name of Authorized Officer or employee: <b>Kirby Underberg</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>660-395-9000</b>					
Study Area Code of Reporting Carrier	<b>421864</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CITIZENS TEL CO - MO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brian Cornelius</span>				<small>Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens tel co - mo,l=Higginsville MO 64037-0737, Date: 5/18/2017</small> Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Brian Cornelius</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President &amp; General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">660-584-6520</span>					
Study Area Code of Reporting Carrier	421865		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>ELLINGTON TEL CO</b>					
Signature of Authorized Officer or employee: <b>Dee McCormack</b> <small>Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington tel co,l=Ellington MO 63638, Date:5/19/2017</small>				Date: <b>5/19/2017</b>	
Printed name of Authorized Officer or employee: <b>Dee McCormack</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>573-663-2000</b>					
Study Area Code of Reporting Carrier	<b>421874</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>FARBER TEL CO</b>					
Signature of Authorized Officer or employee: <b>Charles Crow</b> <small>Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=farber tel co,lc= , Date:5/18/2017</small>				Date: <b>5/18/2017</b>	
Printed name of Authorized Officer or employee: <b>Charles Crow</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>573-249-9800</b>					
Study Area Code of Reporting Carrier	<b>421876</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GRANBY TEL CO - MO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cheri Johnson</span>				<small>Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - mo,l=Granby MO 64844, Date:5/17/2017</small> Date: <span style="color: blue;">5/17/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Cheri Johnson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Corporate Secretary</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">417-472-5513</span>					
Study Area Code of Reporting Carrier	421887		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GREEN HILLS TEL CORP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">David Adams</span></p>				<p><small>Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghtc.com,O=green hills tel corp,l=Breckenridge MO 64625, Date:5/23/2017</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Adams</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">EVP/GM</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-644-5411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421890</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHOCTAW TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amanda Molina</b></p>				<p><small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=choctaw telephone co, Date:5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of External Relations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>904-259-0029</b></p>					
Study Area Code of Reporting Carrier	<b>421893</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>KLM TEL CO</b>					
Signature of Authorized Officer or employee: <b>Joe Jetensky</b> <small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm tel co, Date:5/25/2017</small>				Date: <b>5/25/2017</b>	
Printed name of Authorized Officer or employee: <b>Joe Jetensky</b>					
Title or position of Authorized Officer or employee: <b>President/GM</b>					
Telephone number of Authorized Officer or employee: <b>402-426-6245</b>					
Study Area Code of Reporting Carrier	<b>421900</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KINGDOM TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marla McCowan</b></p>				<p><small>Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone co,l=Auxvasse MO 65231, Date:5/24/2017</small></p> <p>Date: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Marla McCowan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant Board Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-386-2241</b></p>					
Study Area Code of Reporting Carrier	<b>421901</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MCDONALD COUNTY TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ross Babbitt</b></p>				<p>Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county tel,l=Pineville MO 64856-0207, Date:5/23/2017</p>	
<p>Date: <b>5/23/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ross Babbitt</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>417-223-4313</b></p>					
Study Area Code of Reporting Carrier	<b>421912</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEW FLORENCE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Garrin Bott</b></p>				<p><small>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=new florence tel co,l=Rockland ID 83271, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Garrin Bott</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-548-2345</b></p>					
Study Area Code of Reporting Carrier	<b>421927</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NE MISSOURI RURAL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Sherburne</span></p>				<p><small>Digitally signed by James Sherburne DN:cn=James Sherburne,email=jims@nemr.net,O=ne missouri rural,l=Green City MO 63545-0098, Date:5/19/2017</small></p>	
<p>Date: <span style="color: blue;">5/19/2017</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Sherburne</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-874-4111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421931</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ORCHARD FARM TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Garrin Bott</b></p>				<p>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=orchard farm tel co,l=Rockland ID 83271, Date:5/16/2017</p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Garrin Bott</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421934</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OREGON FARMERS MUT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mut,l=Oregon MO 64473, Date:5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>660-446-3391</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421935</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCK PORT TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Rick Bradley</span></p>				<p>Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel co,l=Rock Port MO 64482-0147, Date:5/18/2017</p>	
<p>Date: <span style="color: blue;">5/18/2017</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Bradley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-744-5311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421942</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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				Steelville Telephone Company	
Signature of authorized officer			Date		05/18/2017
Printed name of authorized officer			Don Santhuff		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(573) 775-2111, ext.		
Study Area Code of Reporting Carrier		421949	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STOUTLAND TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Garrin Bott</b></p>				<p><small>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=stoutland tel co,l=Rockland ID 83271, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Garrin Bott</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-548-2345</b></p>					
Study Area Code of Reporting Carrier	<b>421951</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LAVACA TEL CO-OK</b></p>					
<p>Signature of Authorized Officer or employee: <b>Keith Gibson</b></p>				<p><small>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ok,l=Lavaca AR 72941-0230, Date:5/24/2017</small></p> <p>Date: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Keith Gibson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>479-674-2211</b></p>					
Study Area Code of Reporting Carrier	<b>431704</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KANOKLA TEL ASSN-OK</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jill Kuehny</span></p>				<p><small>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla tel assn-ok,l=Caldwell KS 67022-0111, Date:5/16/2017</small></p>	
<p>Date: <span style="color: blue;">5/16/2017</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jill Kuehny</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-845-5682</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431788</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">S. CENTRAL TEL - OK</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kelly Johnson</span></p>				<p><small>Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@sctelcom.com,O=s. central tel - ok, Date:5/24/2017</small></p> <p>Date: <span style="color: blue;">5/24/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kelly Johnson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-930-1020</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431831</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ATLAS TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barbara Summa</b></p>				<p><small>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas tel co,l=Big Cabin OK 74332-0077, Date:5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Barbara Summa</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-783-5111</b></p>					
Study Area Code of Reporting Carrier	<b>431966</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">BEGGS TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kay Mount</span>				<small>Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs tel co,l=Beggs OK 74421-0749, Date:5/16/2017</small> Date: <span style="color: blue;">5/16/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kay Mount</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Pres. &amp; General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">918-267-3636</span>					
Study Area Code of Reporting Carrier	431968		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>CANADIAN VALLEY TEL</b>					
Signature of Authorized Officer or employee: <b>Orlean Smith</b> <small>Digitally signed by Orlean Smith DN:cn=Orlean Smith,email=murphy@cvok.net,O=canadian valley tel,l=Crowder OK 74430, Date:5/17/2017</small>				Date: <b>5/17/2017</b>	
Printed name of Authorized Officer or employee: <b>Orlean Smith</b>					
Title or position of Authorized Officer or employee: <b>President / Gen Manager</b>					
Telephone number of Authorized Officer or employee: <b>918-334-3700</b>					
Study Area Code of Reporting Carrier	<b>431974</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CARNEGIE TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gary Woodruff</b></p>				<p>Digitally signed by Gary Woodruff DN:cn=Gary Woodruff,email=gwoodrff@carnegienet.net,O=carnegie tel co inc,l=Carnegie OK 73015, Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Gary Woodruff</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-654-1002</b></p>					
Study Area Code of Reporting Carrier	<b>431976</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CENTRAL OKLAHOMA TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;"><b>Steve Guest</b></span></p>				<p><small>Digitally signed by Steve Guest DN:cn=Steve Guest,email=steve377@cotc.net,O=central oklahoma tel,l=Davenport OK 74026-0789, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Guest</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">918-377-2241</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431977</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CHEROKEE TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Samuel Sanchez</span>				<small>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee tel co, Inc., Date:5/30/2017</small>  Date: <span style="color: blue;">5/30/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Samuel Sanchez</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President Operations</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">580-434-5375</span>					
Study Area Code of Reporting Carrier	431979		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHICKASAW TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Larry Jones</b></p>				<p><small>Digitally signed by Larry Jones DN:cn=Larry Jones,email=larry@chickasawphone.net,O=chickasaw tel co,l=Sulphur OK 73086-0460, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Larry Jones</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-622-5223</b></p>					
Study Area Code of Reporting Carrier	<b>431980</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>HINTON TEL CO</b>					
Signature of Authorized Officer or employee: <b>Kenneth Doughty</b> <small>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton tel co,l=Hinton OK 73047, Date:5/26/2017</small>				Date: <b>5/26/2017</b>	
Printed name of Authorized Officer or employee: <b>Kenneth Doughty</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>405-542-3262</b>					
Study Area Code of Reporting Carrier	<b>431995</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">MEDICINE PARK TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Dean Pennello</span>				<small>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=medicine park tel co, =Medicine Park OK 73557, Date:5/23/2017</small> Date: <span style="color: blue;">5/23/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dean Pennello</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">580-529-2700</span>					
Study Area Code of Reporting Carrier	432008		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">OKLATEL COMM.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Toney Prather</span>				<small>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=oklatel comm.,l=De Leon TX 76444, Date:5/16/2017</small> Date: <span style="color: blue;">5/16/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Toney Prather</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">254-893-1000</span>					
Study Area Code of Reporting Carrier	432013		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OKLAHOMA WESTERN TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dean Pennello</b></p>				<p><small>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=oklahoma western tel, Date:5/30/2017</small></p>	
<p>Date: <b>5/30/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dean Pennello</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-529-5000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432014</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PIONEER TEL COOP INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Ruhl</span></p>				<p><small>Digitally signed by Richard Ruhl DN:cn=Richard Ruhl,email=raruhi@ptci.com,O=pioneer tel coop inc,l=Kingfisher OK 73750-0539, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Ruhl</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">405-375-0191</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432018</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SALINA-SPAVINAW TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Boone</b></p>				<p><small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel, Date:5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Scott Boone</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-496-8166</b></p>					
Study Area Code of Reporting Carrier	<b>432022</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SW OKLAHOMA TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">George Wycoff</span></p>				<p><small>Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@swoi.net,O=sw oklahoma tel co,l=Duke OK 73532, Date:5/19/2017</small></p> <p>Date: <span style="color: blue;">5/19/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">George Wycoff</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Exec. Vice President/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">580-679-3345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432025</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TERRAL TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dick Segress</b></p>				<p><small>Digitally signed by Dick Segress DN:cn=Dick Segress,email=dick@ttslinx.com,O=terral tel co, Inc., Date:5/30/2017</small></p> <p>Date: <b>5/30/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dick Segress</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>405-602-2408</b></p>					
Study Area Code of Reporting Carrier	<b>432029</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">VALLIANT TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tommy Dorries</span>				<small>Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant tel co,l=Valliant OK 74764, Date:5/30/2017</small> Date: <span style="color: blue;">5/30/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tommy Dorries</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">580-933-4400</span>					
Study Area Code of Reporting Carrier	432032		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SANTA ROSA TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jason Tole</b></p>				<p>Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/19/2017</p>	
<p>Date: <b>5/19/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jason Tole</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant GM / CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>940-886-2014</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432141</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CAMERON TEL CO TEXAS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Petry</b></p>				<p>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co texas,/=Sulphur LA 70664-0167, Date:5/16/2017</p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Petry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>337-583-2092</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>440425</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>BLOSSOM TEL CO</b>					
Signature of Authorized Officer or employee: <b>C. Dorries</b> <small>Digitally signed by C. Dorries DN:cn=C. Dorries,email=Clint@blossomtel.net,O=blossom tel co,l=Blossom TX 75416-0008, Date:5/17/2017</small>				Date: <b>5/17/2017</b>	
Printed name of Authorized Officer or employee: <b>C. Dorries</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>903-982-5200</b>					
Study Area Code of Reporting Carrier	<b>442038</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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		Big Bend Telephone	
Signature of authorized officer		Date	5/25/17
Printed name of authorized officer		Lauren Sanders	
Title or position of authorized officer		VP Commercial	
Telephone number of authorized officer:		438 344 0054	
Study Area Code of Reporting Carrier	442039	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BRAZORIA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gil Rasco</b></p>				<p><small>Digitally signed by Gil Rasco DN:cn=Gil Rasco,email=gil@btel.com,O=brazoria tel co,l=Brazoria TX 77422, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Gil Rasco</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>979-798-2121</b></p>					
Study Area Code of Reporting Carrier	<b>442040</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">NORTH TEXAS TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Toney Prather</span>				<small>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=north texas tel. co.,l=De Leon TX 76444, Date:5/16/2017</small> Date: <span style="color: blue;">5/16/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Toney Prather</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">254-893-1000</span>					
Study Area Code of Reporting Carrier	442043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CAP ROCK TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jim Whitefield</b></p>				<small>Digitally signed by Jim Whitefield DN:cn=Jim Whitefield,email=advisory@caprock-spur.com,O=cap rock tel coop,I=Spur TX 79370-0300, Date:5/18/2017</small>  <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jim Whitefield</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>806-271-3336</b></p>					
Study Area Code of Reporting Carrier	<b>442046</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CENTRAL TEXAS CO-OP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jamey Wigley</b></p>				<p><small>Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas co-op,l=Goldthwaite TX 76844, Date:5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jamey Wigley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>325-648-2237</b></p>					
Study Area Code of Reporting Carrier	<b>442052</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLEMAN COUNTY CO-OP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tim Humpert</span></p>				<p><small>Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county co-op,l=Santa Anna TX 76878, Date:5/17/2017</small></p>	
<p>Date: <span style="color: blue;">5/17/2017</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tim Humpert</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">325-348-3124</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442057</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COMMUNITY TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Clifford Humpert</b></p>				<p><small>Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community tel co,l=Windthorst TX 76389, Date:5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Clifford Humpert</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>940-423-6201</b></p>					
Study Area Code of Reporting Carrier	<b>442061</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CUMBY TEL COOP INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Karen Zimmerman</b></p>				<p><small>Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenc@cumbytel.com,O=cumby tel coop inc,lc=Cumby TX 75433, Date:5/30/2017</small></p> <p>Date: <b>5/30/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Karen Zimmerman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>903-994-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442065</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DELL TEL. CO-OP - TX</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marcy Guillen</b></p>				<p><small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel. co-op - tx,l= , Date:5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Marcy Guillen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>915-964-2352</b></p>					
Study Area Code of Reporting Carrier	<b>442066</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ELECTRA TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amanda Molina</b></p>				<p><small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=electra telephone co, Date:5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of External Relations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>904-259-0029</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442069</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier 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).</p>					
<p>Name of Reporting Carrier: <b>FIVE AREA TEL CO-OP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Washington</b></p>				<p><small>Digitally signed by Mark Washington DN:cn=Mark Washington,email=markwa@fivearea.com,O=five area tel co-op,l=Muleshoe TX 79347, Date:5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mark Washington</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>806-272-5533</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442071</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GANADO TEL.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bill Rakowitz</span></p>				<p><small>Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado tel.,l=Ganado TX 77962-0329, Date:5/17/2017</small></p>	
<p>Date: <span style="color: blue;">5/17/2017</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bill Rakowitz</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">361-771-3331</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442076</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<p><b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b></p> <p>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).</p>				
Name of Reporting Carrier <u>Hill Country Telephone Cooperative, Inc.</u>				
Signature of authorized officer <u><i>Willard R. Bass</i></u>			Date	<u>5-22-2017</u>
Printed name of authorized officer <u>Willard R. Bass</u>				
Title or position of authorized officer <u>Board President</u>				
Telephone number of authorized officer: <u>83036-75333xt.</u>				
Study Area Code of Reporting Carrier	<u>442086</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>				

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Name of Reporting Carrier: <b>ALENCO COMMUNICATION</b>					
Signature of Authorized Officer or employee: <b>Ray Bussell</b>				<small>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communication,l=Joshua TX 76058, Date:5/17/2017</small> Date: <b>5/17/2017</b>	
Printed name of Authorized Officer or employee: <b>Ray Bussell</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>817-447-0127</b>					
Study Area Code of Reporting Carrier	<b>442090</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: ETS TEL. CO., INC.					
Signature of Authorized Officer or employee: J. Findley				Digitally signed by J. Findley DN:cn=J. Findley,email=jfindley@entouchsystems.net,O=ets tel. co., inc.,l= , Date:5/18/2017 Date: 5/18/2017	
Printed name of Authorized Officer or employee: J. Findley					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 281-225-0501					
Study Area Code of Reporting Carrier	442091		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA WARD TEL EXCHANGE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terri Parker</span></p>				<p><small>Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward tel exchange,l=La Ward TX 77970-0246, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Terri Parker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">361-872-2211</span></p>					
Study Area Code of Reporting Carrier	442103		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>LIPAN TEL CO</b>					
Signature of Authorized Officer or employee: <b>Beth Howard</b>				Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan tel co,l=Lipan TX 76462, Date:5/16/2017 Date: <b>5/16/2017</b>	
Printed name of Authorized Officer or employee: <b>Beth Howard</b>					
Title or position of Authorized Officer or employee: <b>Sec / Treasurer</b>					
Telephone number of Authorized Officer or employee: <b>254-646-2211</b>					
Study Area Code of Reporting Carrier	<b>442105</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MUENSTER DBA NORTEX</b></p>					
<p>Signature of Authorized Officer or employee: <b>Alan Rohmer</b></p>				<p>Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster dba nortex, Muenster TX 76252, Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Alan Rohmer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>940-759-2251</b></p>					
Study Area Code of Reporting Carrier	<b>442116</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

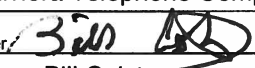
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TEL COOP -TX</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lloyd Steele</b></p>				<p><small>Digitally signed by Lloyd Steele DN:cn=Lloyd Steele,email=steven.steele@gopeoples.net,O=peoples tel coop -tx,l=Quitman TX 75783-0228, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Lloyd Steele</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>903-878-3132</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442130</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>POKA-LAMBRO TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>David McEndree</b></p>				<p><small>Digitally signed by David McEndree DN:cn=David McEndree,email=dmc@poka.com,O=poka-lambro tel coop,l=Tahoka TX 79373-1340, Date:5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David McEndree</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>806-924-7234</b></p>					
Study Area Code of Reporting Carrier	<b>442131</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTHWEST TEXAS TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gary Gilmer</b></p>				<p><small>Digitally signed by Gary Gilmer DN:cn=Gary Gilmer,email=gary@swtexas.com,O=southwest texas tel,l=Rocksprings TX 78880, Date:5/25/2017</small></p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Gary Gilmer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President, CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>830-683-2111</b></p>					
Study Area Code of Reporting Carrier	<b>442135</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SANTA ROSA TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jason Tole</b></p>				<small>Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/19/2017</small> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jason Tole</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant GM / CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>940-886-2014</b></p>					
Study Area Code of Reporting Carrier	<b>442141</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTH PLAINS TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scotty Hart</span></p>				<p><small>Digitally signed by Scotty Hart DN:cn=Scotty Hart,email=scotthart@sptc.net,O=south plains tel,l=Lubbock TX 79408-1379, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scotty Hart</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO / General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">806-763-2301</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442143</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TATUM TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amanda Molina</b></p>				<p><small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=tatum tel co,lc= , Date:5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of External Relations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>904-259-0029</b></p>					
Study Area Code of Reporting Carrier	<b>442150</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">TAYLOR TEL CO-OP INC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steve Singletary</span>				<small>Digitally signed by Steve Singletary DN:cn=Steve Singletary,email=steves@taylortel.net,O=taylor tel co-op inc,l=Merkel TX 79536, Date:5/17/2017</small>  Date: <span style="color: blue;">5/17/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Singletary</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">325-846-4111</span>					
Study Area Code of Reporting Carrier	442151		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">VALLEY TEL CO-OP -TX</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dave Osborn</span>				<small>Digitally signed by Dave Osborn DN:cn=Dave Osborn,email=dave.osborn@vtx1.net,O=valley tel co-op -tx, Date:5/23/2017</small> Date: <span style="color: blue;">5/23/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dave Osborn</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">956-642-1124</span>					
Study Area Code of Reporting Carrier	442159		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 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				West Texas Rural Telephone Cooperative, Inc.	
Signature of authorized officer			Date		5/24/2017
Printed name of authorized officer			Amy Linzey		
Title or position of authorized officer			CEO/General Manager		
Telephone number of authorized officer: (806) 364-3331, ext.					
Study Area Code of Reporting Carrier		442166	Filing Due Date for this form (mm/dd/yyyy)		6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WES-TEX TEL CO-OP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Darren Patrick</span></p>				<p><small>Digitally signed by Darren Patrick DN:cn=Darren Patrick,email=dpatrick@westex.coop,O=wes-tex tel co-op,l=Stanton TX 79782, Date:5/24/2017</small></p> <p>Date: <span style="color: blue;">5/24/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Darren Patrick</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive VP/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">432-756-3393</span></p>					
Study Area Code of Reporting Carrier	442168		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


**Certification of Officer for Rate-of-Return Carrier 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				XIT Rural Telephone Cooperative, Inc	
Signature of authorized officer		<i>Darrell F. Dennis</i>		Date	05/26/17
Printed name of authorized officer		Darrell F. Dennis			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(806) 384-3311 ext.			
Study Area Code of Reporting Carrier	442170	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier <u>Hopi Telecommunications, Inc</u>			
Signature of authorized officer <u>[Signature]</u>		Date <u>5/18/17</u>	
Printed name of authorized officer <u>CARROLL O N SAE</u>			
Title or position of authorized officer <u>PRESIDENT AND General Manager</u>			
Telephone number of authorized officer <u>928,522,8428</u>			
Study Area Code of Reporting Carrier <u>450815</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. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			



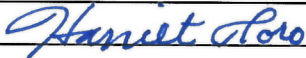
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SAN CARLOS APACHE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Shirley Ortiz</span></p>				<p><small>Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache,l=Peridot AZ 85542, Date:5/24/2017</small></p> <p>Date: <span style="color: blue;">5/24/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shirley Ortiz</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">928-475-7058</span></p>					
Study Area Code of Reporting Carrier	452169		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TEL COOP-AZ</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steven Metts</span></p>				<p><small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop-az,l=Willcox AZ 85644, Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steven Metts</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO / General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">520-384-2231</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452176</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GILA RIVER TELECOM.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Holdridge</span>				<small>Digitally signed by Bruce Holdridge DN:cn=Bruce Holdridge,email=bholdridge@gilarivertel.com,O=gila river telecom.,l= , Date:5/16/2017</small> Date: <span style="color: blue;">5/16/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Holdridge</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">520-796-3333</span>					
Study Area Code of Reporting Carrier	452179		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ACCIPITER DBA ZONA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patrick Sherrill</b></p>				<p><small>Digitally signed by Patrick Sherrill DN:cn=Patrick Sherrill,email=psherrill@teamzona.com,O=accipiter dba zona,l= , Date:5/19/2017</small></p>	
<p>Date: <b>5/19/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Patrick Sherrill</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>928-501-5000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452191</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FORT MOJAVE TEL, INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Linda Gutierrez</b></p>				<p>Digitally signed by Linda Gutierrez DN:cn=Linda Gutierrez,email=linfnti@fmojave.net,O=fort mojave tel, inc, Date:5/18/2017</p>	
<p>Date: <b>5/18/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Linda Gutierrez</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>928-346-2521</b></p>					
Study Area Code of Reporting Carrier	<b>452200</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDVALE-AZ</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Stuart</span></p>				<p><small>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale-az,l=Midvale ID 83645, Date:5/30/2017</small></p> <p>Date: <span style="color: blue;">5/30/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Stuart</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-355-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452226</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>TABLE TOP TEL CO</b>					
Signature of Authorized Officer or employee: <b>Kristann Mattes</b> <small>Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=table top tel co,l=O'Neals CA 93645, Date:5/26/2017</small>				Date: <b>5/26/2017</b>	
Printed name of Authorized Officer or employee: <b>Kristann Mattes</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>559-868-6346</b>					
Study Area Code of Reporting Carrier	<b>453334</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>SUNFLOWER TEL - CO</b>					
Signature of Authorized Officer or employee: <b>Michael Skrivan</b> <small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=sunflower tel - co, Date:5/25/2017</small>				Date: <b>5/25/2017</b>	
Printed name of Authorized Officer or employee: <b>Michael Skrivan</b>					
Title or position of Authorized Officer or employee: <b>Vice-President Regulatory</b>					
Telephone number of Authorized Officer or employee: <b>207-535-4150</b>					
Study Area Code of Reporting Carrier	<b>461835</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>AGATE MUTUAL TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Judy Hollembeak</b></p>				<p>Digitally signed by Judy Hollembeak DN:cn=Judy Hollembeak,email=amtca@amtca.net,O=agate mutual tel co,l=Agate CO 80101, Date:5/23/2017</p>	
<p>Date: <b>5/23/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Judy Hollembeak</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-764-2578</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462178</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BIJOU TEL COOP ASSOC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brian Creveling</span></p>				<p><small>Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel coop assoc,lc= , Date:5/23/2017</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brian Creveling</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">303-822-5400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462181</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BLANCA TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Alan Wehe</span></p>				<p><small>Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca tel co,l=Alamosa CO 81101, Date:5/26/2017</small></p> <p>Date: <span style="color: blue;">5/26/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Alan Wehe</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">719-379-3839</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462182</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">EASTERN SLOPE RURAL</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Patricia White</span>				<small>Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural, =Hugo CO 80821-0397, Date:5/16/2017</small> Date: <span style="color: blue;">5/16/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Patricia White</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">719-743-2441</span>					
Study Area Code of Reporting Carrier	462186		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL CO - CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Douglas Pace</b></p>				<p>Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dp@ftitel.net,O=farmers tel co - co,l=Pleasant View CO 81331-0369, Date:5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Douglas Pace</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-562-0058</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462188</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HAXTUN TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amanda Molina</b></p>				<p><small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=haxtun tel co, Inc., Date: 5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of External Relations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>904-259-0029</b></p>					
Study Area Code of Reporting Carrier	<b>462190</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BIG SANDY TELECOM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Skrivan</b></p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=big sandy telecom,l= , Date:5/26/2017</small></p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Michael Skrivan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice-President Regulatory</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>207-535-4150</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462192</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p style="text-align: center;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>NUCLA-NATURITA TEL</b>					
Signature of Authorized Officer or employee: <b>Kelly Tomlinson</b> <small>Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucLA-naturita tel,l=NucLA CO 81424, Date:5/18/2017</small>				Date: <b>5/18/2017</b>	
Printed name of Authorized Officer or employee: <b>Kelly Tomlinson</b>					
Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b>					
Telephone number of Authorized Officer or employee: <b>970-864-7335</b>					
Study Area Code of Reporting Carrier	<b>462193</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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 <i>Nunn Telephone Company</i>				
Signature of authorized officer <i>[Signature]</i>		Date <i>5/25/17</i>		
Printed name of authorized officer <i>Gregory R. Canabaker</i>				
Title or position of authorized officer <i>MANAGER</i>				
Telephone number of authorized officer: <i>978 897 2200</i> , ext.				
Study Area Code of Reporting Carrier	<i>46-2194</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</i>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH PARK TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Shipley</b></p>				<p><small>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@usch.com, O=south park tel. co., l=Colorado City CO 81019-0166, Date: 5/24/2017</small></p> <p>Date: <b>5/24/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David Shipley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-676-4151</b></p>					
Study Area Code of Reporting Carrier	<b>462195</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>PEETZ COOP TEL CO</b>					
Signature of Authorized Officer or employee: <b>Kathy Glassburn</b> <small>Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=peetztel@peetzplace.com,O=peetz coop tel co,/=Peetz CO 80747, Date:5/25/2017</small>				Date: <b>5/25/2017</b>	
Printed name of Authorized Officer or employee: <b>Kathy Glassburn</b>					
Title or position of Authorized Officer or employee: <b>Office Manager</b>					
Telephone number of Authorized Officer or employee: <b>970-334-2220</b>					
Study Area Code of Reporting Carrier	<b>462196</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">PHILLIPS COUNTY TEL</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Vincent Kropp</span>				<small>Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vince.kropp@pctelcom.org,O=phillips county tel,l=Holyoke CO 80734, Date:5/18/2017</small> Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Vincent Kropp</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">970-854-2201</span>					
Study Area Code of Reporting Carrier	462197		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PINE DRIVE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Matthew Sellers</b></p>				<p><small>Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel co,l=Beulah CO 81023, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Matthew Sellers</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-485-3400</b></p>					
Study Area Code of Reporting Carrier	<b>462198</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PLAINS COOP TEL ASSN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike Leerar</b></p>				<p>Digitally signed by Mike Leerar DN:cn=Mike Leerar,email=mab@plainstel.com,O=plains coop tel assn,l=Joes CO 80822, Date:5/19/2017</p>	
<p>Date: <b>5/19/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike Leerar</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-358-4211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462199</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">RICO TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jeremy Smith</span>				<small>Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jerry@directcom.com,O=rico tel co,l=Rockland ID 83271, Date:5/16/2017</small>  Date: <span style="color: blue;">5/16/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Jeremy Smith</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">208-548-2345</span>					
Study Area Code of Reporting Carrier	462201		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ROGGEN TEL COOP CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Peggy Manino</span>				<small>Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen tel coop co,l=Roggen CO 80652-0100, Date:5/16/2017</small> Date: <span style="color: blue;">5/16/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Peggy Manino</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">303-849-5260</span>					
Study Area Code of Reporting Carrier	462202		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COLUMBINE ACQ CORP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Skrivan</b></p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=columbine acq corp, Date:5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michael Skrivan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice-President Regulatory</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>207-535-4150</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462204</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STONEHAM COOP TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Taya Northrup</b></p>				<p><small>Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham coop tel co,l=Stoneham CO 80754, Date:5/22/2017</small></p> <p>Date: <b>5/22/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Taya Northrup</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-735-2251</b></p>					
Study Area Code of Reporting Carrier	<b>462206</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WIGGINS TEL ASSOC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terry Hendrickson</span></p>				<p><small>Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wigginstel.com,O=wiggins tel assoc,l=Wiggins CO 80654-0690, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Terry Hendrickson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">970-483-7343</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462209</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WILLARD TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aimee Dollerschell</b></p>				<p><small>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtel.com,O=willard tel co,l= , Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Aimee Dollerschell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-228-4571</b></p>					
Study Area Code of Reporting Carrier	<b>462210</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>ALBION TEL CO-ATC</b>					
Signature of Authorized Officer or employee: <b>Rich Redman</b> <small>Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc,l=Albion ID 83311, Date:5/16/2017</small>				Date: <b>5/16/2017</b>	
Printed name of Authorized Officer or employee: <b>Rich Redman</b>					
Title or position of Authorized Officer or employee: <b>Vice President</b>					
Telephone number of Authorized Officer or employee: <b>208-673-5335</b>					
Study Area Code of Reporting Carrier	<b>472213</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CAMBRIDGE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kristie Kanady</b></p>				<p><small>Digitally signed by Kristie Kanady DN:cn=Kristie Kanady,email=kkanady@ctctele.com,O=cambridge tel co, Date:5/19/2017</small></p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kristie Kanady</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Billing Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-257-3314</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472215</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CUSTER TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Thornock</b></p>				<p><small>Digitally signed by Dennis Thornock DN:cn=Dennis Thornock,email=dennis@custertel.net,O=custer tel coop,l=Challis ID 83226, Date:5/19/2017</small></p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dennis Thornock</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-879-2281</b></p>					
Study Area Code of Reporting Carrier	<b>472218</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>FARMERS MUTUAL TEL</b>					
Signature of Authorized Officer or employee: <b>Daniel Greig</b>				<small>Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel,l=Fruitland ID 83619, Date:5/25/2017</small> Date: <b>5/25/2017</b>	
Printed name of Authorized Officer or employee: <b>Daniel Greig</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>208-452-3100</b>					
Study Area Code of Reporting Carrier	<b>472221</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MUD LAKE TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Petersen</span></p>				<p><small>Digitally signed by Justin Petersen DN:cn=Justin Petersen,email=petersen.j@mudlake.net,O=mud lake tel coop,l=Dubois ID 83423, Date:5/20/2017</small></p> <p>Date: <span style="color: blue;">5/20/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Petersen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-374-5401</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472227</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PROJECT MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rick Harder</b></p>				<p><small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel, Date:5/25/2017</small></p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Rick Harder</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-434-7124</b></p>					
Study Area Code of Reporting Carrier	<b>472231</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INLAND TEL-ID</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Brooks</span></p>				<p><small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel-id,l=Roslyn WA 98941, Date:5/24/2017</small></p> <p>Date: <span style="color: blue;">5/24/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Brooks</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer/Controller/Reg. Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-649-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472423</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HOT SPRINGS TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kathe Johnson</b></p>				<p><small>Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/30/2017</small></p> <p>Date: <b>5/30/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kathe Johnson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-721-0846</b></p>					
Study Area Code of Reporting Carrier	<b>482241</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

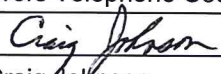
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN TEL CO INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ken Lumpkin</span></p>				<p><small>Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincel.net,O=lincoln tel co inc,lc= , Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ken Lumpkin</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager / Secretary / Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-362-4216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="font-weight: bold;">482244</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="font-weight: bold;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

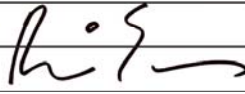
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHERN TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Sheard</span></p>				<p><small>Digitally signed by Mike Sheard DN:cn=Mike Sheard,email=accounting@northerntel.net,O=northern tel coop,l=Sunburst MT 59482, Date: 5/22/2017</small></p> <p>Date: <span style="color: blue;">5/22/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Sheard</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-937-9661</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482248</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY 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 PROJECT TEL CO			
Signature of authorized officer 		Date 2017.05.24	
Printed name of authorized officer REMI SUN			
Title or position of authorized officer CHIEF FINANCIAL OFFICER			
Telephone number of authorized officer: (406) 783-2358 ext.			
Study Area Code of Reporting Carrier	482250	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANGE TEL COOP-MT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gail Rainey</span></p>				<p><small>Digitally signed by Gail Rainey DN: cn=Gail Rainey, email=gail.rainey@rangetel.coop, O=range tel coop-mt, l=Forsyth MT 59327, Date: 5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gail Rainey</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-347-2859</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTHERN MONTANA TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Larry Mason</span></p>				<p><small>Digitally signed by Larry Mason DN:cn=Larry Mason,email=L.Mason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Larry Mason</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-689-3333</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482254</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

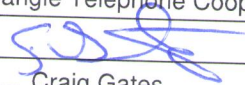
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<p align="center"><b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b></p> <p>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).</p>					
<p>Name of Reporting Carrier: <b>TRIANGLE TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Craig Gates</b></p>				<p>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel coop,l=Havre MT 59501, Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Craig Gates</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-394-7807</b></p>					
Study Area Code of Reporting Carrier	<b>482257</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p align="center">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

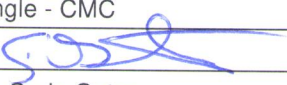
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier Triangle Telephone Cooperative Assn., Inc.			
Signature of authorized officer 		Date	07-11-2017
Printed name of authorized officer Craig Gates			
Title or position of authorized officer CEO/GM			
Telephone number of authorized officer: (406) 394-7807 ext.			
Study Area Code of Reporting Carrier	482257	Filing Due Date for this form (mm/dd/yyyy)	July 2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIANGLE-CMC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Craig Gates</span></p>				<p><small>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle-cmc,l=Havr e MT 59501, Date:5/17/2017</small></p>	
<p>Date: <span style="color: blue;">5/17/2017</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Craig Gates</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-394-7807</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">483310</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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 Triangle - CMC			
Signature of authorized officer 		Date	07/11/2017
Printed name of authorized officer Craig Gates			
Title or position of authorized officer CEO/GM			
Telephone number of authorized officer: (406) 394-7807 ext.			
Study Area Code of Reporting Carrier	483310	Filing Due Date for this form (mm/dd/yyyy)	July 2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>MESCALERO APACHE</b>					
Signature of Authorized Officer or employee: <b>Godfrey Enjady</b>				Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache, Mescalero NM 88340, Date:5/24/2017 Date: <b>5/24/2017</b>	
Printed name of Authorized Officer or employee: <b>Godfrey Enjady</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>505-795-5555</b>					
Study Area Code of Reporting Carrier	<b>491231</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TEL COOP - NM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steven Metts</span></p>				<p><small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop - nm,l=Willcox AZ 85644, Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steven Metts</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO / General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">520-384-2231</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492176</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BACA VALLEY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Paul Briesh</span></p>				<p><small>Digitally signed by Paul Briesh DN:cn=Paul Briesh,email=paulbvt@bacavalley.com,O=baca valley tel co,l=Des Moines NM 88418, Date:5/22/2017</small></p> <p>Date: <span style="color: blue;">5/22/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Paul Briesh</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-278-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492259</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA JICARITA RURAL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Gray</span></p>				<p><small>Digitally signed by Danny Gray DN:cn=Danny Gray,email=dgray@lajicarita.com,O=la jicarita rural,I=Mora NM 87732-0269, Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Gray</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-387-2216</span></p>					
Study Area Code of Reporting Carrier	492263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 <u>Leago Rural Telephone Cooperative, Inc.</u>			
Signature of authorized officer <u>Dale Smider</u>		Date	<u>5/30/2017</u>
Printed name of authorized officer <u>Dale Smider</u>			
Title or position of authorized officer <u>CFO</u>			
Telephone number of authorized officer <u>575,399,8225</u> EXT. <u></u>			
Study Area Code of Reporting Carrier <u>492264</u>		Filing Due Date for this form (month/year)	<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. §§ 302, 803(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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">Tularosa Basin Tel.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Joshua Beug</span></p>				<p><small>Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbt.net,O=Tularosa basin tel.,l= , Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joshua Beug</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-585-0125</span></p>					
Study Area Code of Reporting Carrier	492265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">WESTERN NEW MEXICO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Francis</span>				<small>Digitally signed by John Francis DN:cn=John Francis,email=jfrancis@wnmt.com,O=western new mexico,l=Silver City NM 88061, Date:5/25/2017</small> Date: <span style="color: blue;">5/25/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">John Francis</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Exec. Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">575-535-2230</span>					
Study Area Code of Reporting Carrier	492268		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PENASCO VALLEY TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Bartley</b></p>				<p><small>Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel,lc=, Date:5/30/2017</small></p>	
<p>Date: <b>5/30/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Bartley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>575-748-1241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492270</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ROOSEVELT CNTY RURAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cecile Archibeque</b></p>				<p><small>Digitally signed by Cecile Archibeque DN: cn=Cecile Archibeque, email=cecile@yuccatelecom.com, O=roosevelt cnty rural, l=Portales NM 88130-0867, Date: 5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Cecile Archibeque</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/EO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>575-226-2255</b></p>					
Study Area Code of Reporting Carrier	<b>492272</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SACRED WIND</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Badal</span>				<small>Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind, Inc., Date: 5/23/2017</small>  Date: <span style="color: blue;">5/23/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">John Badal</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">505-821-5080</span>					
Study Area Code of Reporting Carrier	493403		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DIRECTCOMM-CEDAR VAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kip Wilson</b></p>				<p><small>Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=directcomm-cedar val,l=Rockland ID 83271, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kip Wilson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-548-2345</b></p>					
Study Area Code of Reporting Carrier	<b>500758</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CENTRAL UTAH TEL INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike Plows</b></p>				<p><small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc,lc=, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>425-275-1013</b></p>					
Study Area Code of Reporting Carrier	<b>502277</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GUNNISON TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Natalie Gleave</b></p>				<p>Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel co,l=Gunnison UT 84634, Date:5/16/2017</p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Natalie Gleave</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller/Director</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>435-528-7236</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502279</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MANTI TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dallas Cox</span></p>				<p><small>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,lc= , Date:5/18/2017</small></p>	
<p>Date: <span style="color: blue;">5/18/2017</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dallas Cox</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President and General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">435-835-3391</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502282</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SKYLINE TELECOM</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Plows</span>				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc= , Date:5/16/2017</small>  Date: <span style="color: blue;">5/16/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Plows</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">425-275-1013</span>					
Study Area Code of Reporting Carrier	502283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SOUTH CENTRAL UTAH</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael East</span>				<small>Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah,=, Date:5/17/2017</small> Date: <span style="color: blue;">5/17/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Michael East</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">435-826-4211</span>					
Study Area Code of Reporting Carrier	502286		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>ALL WEST COMM-UT</b>					
Signature of Authorized Officer or employee: <b>Jenny Prescott</b>				<small>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/21/2017</small> Date: <b>5/21/2017</b>	
Printed name of Authorized Officer or employee: <b>Jenny Prescott</b>					
Title or position of Authorized Officer or employee: <b>VP Customer Service &amp; Finance</b>					
Telephone number of Authorized Officer or employee: <b>435-783-4913</b>					
Study Area Code of Reporting Carrier	<b>502288</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">BEAR LAKE COMM</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Plows</span>				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,l= , Date:5/16/2017</small>  Date: <span style="color: blue;">5/16/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Plows</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">425-275-1013</span>					
Study Area Code of Reporting Carrier	503032		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANGE TEL COOP - WY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gail Rainey</span></p>				<p><small>Digitally signed by Gail Rainey DN: cn=Gail Rainey, email=gail.rainey@rangetel.coop, O=range tel coop - wy, l=Forsyth MT 59327, Date: 5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gail Rainey</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-347-2859</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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



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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Silver Star Tel Co. Inc.			
Signature of authorized officer <i>B Sessions</i>		Date	May 19, 2017
Printed name of authorized officer Barbara Sessions			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (307) 883-6672			
Study Area Code of Reporting Carrier	512295	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTGATE dba WEAVTEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Weaver</span></p>				<p><small>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel,l=Chelan WA 98816, Date:5/22/2017</small></p> <p>Date: <span style="color: blue;">5/22/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Weaver</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-682-5556</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">520580</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SKYLINE TELECOM CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Delinda Kluser</span>				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom co.,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</small>  Date: <span style="color: blue;">5/17/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President, Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">541-932-4411</span>					
Study Area Code of Reporting Carrier	520581		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ELLENSBURG TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael Skrivan</span>				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=ellensburg tel co, Date:5/26/2017</small>  Date: <span style="color: blue;">5/26/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Skrivan</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice-President Regulatory</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">207-535-4150</span>					
Study Area Code of Reporting Carrier	522412		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HAT ISLAND TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Frank McIntyre</b></p>				<p><small>Digitally signed by Frank McIntyre DN:cn=Frank McIntyre,email=frank.mcintyre@whidbeytel.com,O=hat island tel co, Date:5/25/2017</small></p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Frank McIntyre</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-321-0088</b></p>					
Study Area Code of Reporting Carrier	<b>522417</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOOD CANAL TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Buechel</span></p>				<p><small>Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal tel co,l=Union WA 98592, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Buechel</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-898-2481</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522419</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>INLAND TEL CO -WA</b>					
Signature of Authorized Officer or employee: <b>James Brooks</b> <small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel co -wa,l=Roslyn WA 98941, Date:5/24/2017</small>				Date: <b>5/24/2017</b>	
Printed name of Authorized Officer or employee: <b>James Brooks</b>					
Title or position of Authorized Officer or employee: <b>Treasurer/Controller/Reg. Manager</b>					
Telephone number of Authorized Officer or employee: <b>509-649-2211</b>					
Study Area Code of Reporting Carrier	<b>522423</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

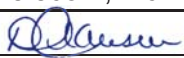
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">KALAMA TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Rick Vitzthum</span>				<small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama tel co,l=Tenino WA 98589, Date:5/18/2017</small>  Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Vitzthum</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">360-264-3155</span>					
Study Area Code of Reporting Carrier	522426		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 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				Mashell Telecom, Inc.	
Signature of authorized officer					Date
Printed name of authorized officer			Danielle Clausen		
Title or position of authorized officer			Controller		
Telephone number of authorized officer:			(360) 832-4130		
Study Area Code of Reporting Carrier		522431	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>PIONEER TEL CO</b>					
Signature of Authorized Officer or employee: <b>Dallas Filan</b> <small>Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer tel co,l=Lacrosse WA 99143, Date:5/18/2017</small>				Date: <b>5/18/2017</b>	
Printed name of Authorized Officer or employee: <b>Dallas Filan</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>509-549-3511</b>					
Study Area Code of Reporting Carrier	<b>522437</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">TENINO TELEPHONE CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Rick Vitzthum</span>				<small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino telephone co,l=Tenino WA 98589, Date:5/18/2017</small> Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Vitzthum</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">360-264-3155</span>					
Study Area Code of Reporting Carrier	522446		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

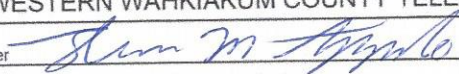
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TOLEDO TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Philip Cappalonga</b></p>				<p><small>Digitally signed by Philip Cappalonga DN: cn=Philip Cappalonga, email=phil@toledotel.com, O=toledo telephone co., Date: 5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Philip Cappalonga</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-864-2004</b></p>					
Study Area Code of Reporting Carrier	<b>522447</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>YCOM NETWORKS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Skrivan</b></p>				<p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=ycom networks, inc.,l= , Date:5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michael Skrivan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice-President Regulatory</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>207-535-4150</b></p>					
Study Area Code of Reporting Carrier	<b>522453</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLTON TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;"><b>Stephanie Sauvageau</b></span></p>				<p><small>Digitally signed by Stephanie Sauvageau DN: cn=Stephanie Sauvageau, email=stephanie@coltontel.com, O=colton tel co, l=Colton OR 97017, Date: 5/26/2017</small></p> <p>Date: <span style="color: blue;">5/26/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Stephanie Sauvageau</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-824-5863</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532364</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">EAGLE TEL SYSTEMS</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Mike Lattin</span>				<small>Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,l=Richland OR 97870, Date:5/30/2017</small> Date: <span style="color: blue;">5/30/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Lattin</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">541-893-6111</span>					
Study Area Code of Reporting Carrier	532369		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>CASCADE UTIL INC</b>					
Signature of Authorized Officer or employee: <b>Brooke Wheeler</b>				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade util inc,l=Estacada OR 97023, Date:5/30/2017</small> Date: <b>5/30/2017</b>	
Printed name of Authorized Officer or employee: <b>Brooke Wheeler</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>503-630-8952</b>					
Study Area Code of Reporting Carrier	<b>532371</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GERVAIS-DATAVISION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Renee Willer</b></p>				<p>Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais-datavision, I=Gervais OR 97026, Date:5/30/2017</p>	
<p>Date: <b>5/30/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Renee Willer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-792-3611</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532373</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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: Roome Telecommunications Inc

Signature of authorized officer: 

Date

5-16-17

Printed name of authorized officer: Randal L Roome

Title or position of authorized officer: President

Telephone number of authorized officer: (541) 369-2211 ext.

Study Area Code of Reporting Carrier

532375

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

6/16/2017

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HELIX TEL CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">James Smith</span></p>				<p><small>Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix tel co.,l=Helix OR 97385, Date:5/23/2017</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Smith</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">541-457-2385</span></p>					
Study Area Code of Reporting Carrier	532376		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOME TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Delinda Kluser</span></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=home telephone co,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President, Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">541-932-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532377</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TRANS-CASCADES TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brooke Wheeler</b></p>				<p>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades tel,l=Estacada OR 97023, Date:5/30/2017</p>	
<p>Date: <b>5/30/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-630-8952</b></p>					
Study Area Code of Reporting Carrier	<b>532378</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">MOLALLA TEL CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terry Simms</span>				<small>Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla tel co.,l=Molalla OR 97038, Date:5/16/2017</small> Date: <span style="color: blue;">5/16/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Terry Simms</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">503-829-1122</span>					
Study Area Code of Reporting Carrier	532383		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MONROE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Mills</b></p>				<p>Digitally signed by David Mills DN:cn=David Mills,email=NECAaffairs@monroetel.com,O=monroe telephone co.,l=Monroe OR 97456-0130, Date:5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Mills</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-847-5135</b></p>					
Study Area Code of Reporting Carrier	<b>532385</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CANBY-MT ANGEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Paul Hauer</span></p>				<p><small>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby-mt angel,/=Mt. Angel OR 97362, Date:5/30/2017</small></p> <p>Date: <span style="color: blue;">5/30/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Paul Hauer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-632-6314</span></p>					
Study Area Code of Reporting Carrier	532386		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">NORTH STATE TEL CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Delinda Kluser</span>				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state tel co.,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</small> Date: <span style="color: blue;">5/17/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President, Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">541-932-4411</span>					
Study Area Code of Reporting Carrier	532388		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OREGON TEL CORP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532389</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OREGON-IDAHO UTIL.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Perez</span></p>				<p><small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho util.,l=Nampa ID 83653, Date:5/19/2017</small></p> <p>Date: <span style="color: blue;">5/19/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Perez</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller / Corporate Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-461-7802</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532390</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">PEOPLES TEL CO. - OR</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Curt Thornton</span>				<small>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples tel co. - or, =Stayton OR 97383, Date:5/17/2017</small> Date: <span style="color: blue;">5/17/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Thornton</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">503-769-2121</span>					
Study Area Code of Reporting Carrier	532391		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PINE TEL SYSTEM INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=pine tel system inc.,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532392</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>ST PAUL COOP ASSN</b>					
Signature of Authorized Officer or employee: <b>Nick Schneider</b>				<small>Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,l=St. Paul OR 97137, Date:5/24/2017</small> Date: <b>5/24/2017</b>	
Printed name of Authorized Officer or employee: <b>Nick Schneider</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>503-633-2111</b>					
Study Area Code of Reporting Carrier	<b>532396</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SCIO MUTUAL TEL ASSN</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Thomas Barth</span>				<small>Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tom.barth@smta.coop,O=scio mutual tel assn,l=Scio OR 97374, Date:5/22/2017</small> Date: <span style="color: blue;">5/22/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Barth</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">503-394-3366</span>					
Study Area Code of Reporting Carrier	532397		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STAYTON COOP TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Thornton</b></p>				<p>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=stayton coop tel co,l=Stayton OR 97383, Date:5/17/2017</p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Curt Thornton</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-769-2121</b></p>					
Study Area Code of Reporting Carrier	<b>532399</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OREGON TEL CORP-MTE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,l=Mt. Vernon OR 97865-0609, Date:5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>533336</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAL-ORE TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Waihun Yee</span></p>				<p><small>Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@calore.net,O=cal-ore telephone co,l=Dorris CA 96023-0847, Date:5/30/2017</small></p> <p>Date: <span style="color: blue;">5/30/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Waihun Yee</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">530-397-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="font-weight: bold;">542311</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="font-weight: bold;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">DUCOR TELEPHONE CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Eric Votaw</span>				<small>Digitally signed by Eric Votaw DN:cn=Eric Votaw,email=evotaw@ducortelco.com,O=ducor telephone co,l=Bakersfield CA 93384-2230, Date:5/18/2017</small>  Date: <span style="color: blue;">5/18/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Eric Votaw</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">661-834-7700</span>					
Study Area Code of Reporting Carrier	542313		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 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).

Print Name (Last, First, Middle Initial)

Signature *Jennifer Vellucci*

Office

Print Name (Last, First, Middle Initial)

Print Name (Last, First, Middle Initial)

Print Name (Last, First, Middle Initial) *XXXXXXXXXXXXXXXXXXXX*

Print Name (Last, First, Middle Initial)

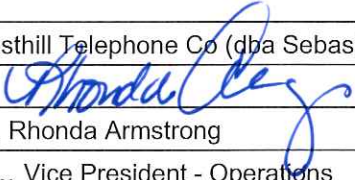
Rate of Return  
§ 51.917(d)

August 2017

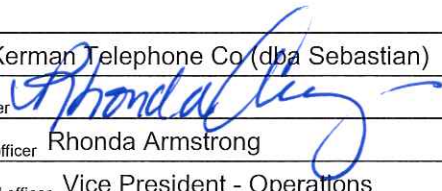
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Kerman Telephone Co (dba Sebastian)			
Signature of authorized officer 		Date	5/16/17
Printed name of authorized officer Rhonda Armstrong			
Title or position of authorized officer Vice President - Operations			
Telephone number of authorized officer: (559) 846-7780, ext.			
Study Area Code of Reporting Carrier	542324	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE PONDEROSA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kristann Mattes</b></p>				<p><small>Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=the ponderosa tel co,l=O'Neals CA 93645, Date:5/26/2017</small></p> <p>Date: <b>5/26/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kristann Mattes</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>559-868-6346</b></p>					
Study Area Code of Reporting Carrier	<b>542332</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>VOLCANO TEL CO</b>					
Signature of Authorized Officer or employee: <b>Brenda Shepard</b>				<small>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano tel co, Date:5/18/2017</small> Date: <b>5/18/2017</b>	
Printed name of Authorized Officer or employee: <b>Brenda Shepard</b>					
Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer or employee: <b>209-296-1447</b>					
Study Area Code of Reporting Carrier	<b>542343</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FILER MUTUAL TEL -NV</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steve Cowger</b></p>				<p><small>Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -nv,l=Filer ID 83328, Date:5/17/2017</small></p>	
<p>Date: <b>5/17/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steve Cowger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-326-4339</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552220</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEEHIVE TEL CO - NV</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;"><b>Jacob Warner</b></span></p>				<p><small>Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - nv,l=, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jacob Warner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">435-837-6000</span></p>					
Study Area Code of Reporting Carrier	552284		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHURCHILL-CC COMM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Feest</b></p>				<p>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@cccomm.co,O=churchill-cc comm.,l=Fallon NV 89407, Date:5/26/2017</p>	
<p>Date: <b>5/26/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Feest</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>775-423-7654</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552349</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>LINCOLN CTY TEL SYS</b>					
Signature of Authorized Officer or employee: <b>John Christian, III</b> <small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,l=Picche NV 89043, Date:5/16/2017</small>				Date: <b>5/16/2017</b>	
Printed name of Authorized Officer or employee: <b>John Christian, III</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>775-962-5131</b>					
Study Area Code of Reporting Carrier	<b>552351</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">MOAPA VALLEY TEL CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brad Lyon</span>				<small>Digitally signed by Brad Lyon DN:cn=Brad Lyon,email=brad@mvtel.com,O=moapa valley tel co.,l=Overton NV 89040-0365, Date:5/22/2017</small> Date: <span style="color: blue;">5/22/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Brad Lyon</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">702-397-2601</span>					
Study Area Code of Reporting Carrier	552353		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RIO VIRGIN TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brooke Wheeler</b></p>				<p>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin tel co,l=Estacada OR 97023, Date:5/30/2017</p>	
<p>Date: <b>5/30/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-630-8952</b></p>					
Study Area Code of Reporting Carrier	<b>552356</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HUMBOLDT TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Justin Perez</b></p>				<p><small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt tel co,l=Nampa ID 83653, Date:5/19/2017</small></p> <p>Date: <b>5/19/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Justin Perez</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller / Corporate Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-461-7802</b></p>					
Study Area Code of Reporting Carrier	<b>553304</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ADAK TEL UTILITY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Andilea Weaver</span></p>				<p><small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak tel utility,lc= , Date:5/18/2017</small></p>	
<p>Date: <span style="color: blue;">5/18/2017</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Andilea Weaver</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/COO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-222-0844</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">610989</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARCTIC SLOPE TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Clover McNeil</span></p>				<p><small>Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel, Inc., Date: 5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Clover McNeil</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-564-2680</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613001</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2017</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BETTLES TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Garrett</b></p>				<p><small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=bettles tel co inc,l=Port Townsend WA 98368, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michael Garrett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO - Executive VP</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-385-1733</b></p>					
Study Area Code of Reporting Carrier	<b>613002</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>BRISTOL BAY TEL COOP</b>					
Signature of Authorized Officer or employee: <b>Jeffrey Fulton</b>				<small>Digitally signed by Jeffrey Fulton DN:cn=Jeffrey Fulton,email=jfulton@bristolbay.com,O=bristol bay tel coop, Date:5/26/2017</small> Date: <b>5/26/2017</b>	
Printed name of Authorized Officer or employee: <b>Jeffrey Fulton</b>					
Title or position of Authorized Officer or employee: <b>CEO/General Manager</b>					
Telephone number of Authorized Officer or employee: <b>907-439-0456</b>					
Study Area Code of Reporting Carrier	<b>613003</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BUSH-TEL INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>W. DeVore</b></p>				<p><small>Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mscon.com,O=bush-tel inc.,l=Aniak AK 99557-1009, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>W. DeVore</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-675-4311</b></p>					
Study Area Code of Reporting Carrier	<b>613004</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CIRCLE TEL &amp; ELEC</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Masephol</b></p>				<p><small>Digitally signed by David Masephol DN: cn=David Masephol, email=dmasephol@sbcglobal.net, O=circle tel &amp; elec, l=Circle AK 99733, Date: 5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David Masephol</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Member Owner</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-773-5500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613005</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COPPER VALLEY TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chris Spencer</b></p>				<p><small>Digitally signed by Chris Spencer DN:cn=Chris Spencer,email=cspencer@cvtc.org,O=copper valley tel,l=Valdez AK 99686, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Chris Spencer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-835-7712</b></p>					
Study Area Code of Reporting Carrier	<b>613006</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>INTERIOR TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brett Carter</b></p>				<p><small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior tel co inc, Date:5/25/2017</small></p> <p>Date: <b>5/25/2017</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brett Carter</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP/Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-563-2003</b></p>					
Study Area Code of Reporting Carrier	<b>613011</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KETCHIKAN PUBLIC UT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dan Lindgren</b></p>				<p><small>Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=danl@city.ketchikan.ak.us,O=ketchikan public ut, Date: 5/24/2017</small></p>	
<p>Date: <b>5/24/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dan Lindgren</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant KPU Telecommunications Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-228-5439</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613013</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2017</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>MUKLUK TEL CO INC</b>					
Signature of Authorized Officer or employee: <b>Brett Carter</b>				Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=mukluk tel co inc, Date:5/25/2017	
Date: <b>5/25/2017</b>					
Printed name of Authorized Officer or employee: <b>Brett Carter</b>					
Title or position of Authorized Officer or employee: <b>VP/Controller</b>					
Telephone number of Authorized Officer or employee: <b>907-563-2003</b>					
Study Area Code of Reporting Carrier	<b>613016</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ALASKA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Garrett</b></p>				<p>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska tel co,l=Port Townsend WA 98368, Date:5/16/2017</p>	
<p>Date: <b>5/16/2017</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Michael Garrett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President / CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-385-1733</b></p>					
Study Area Code of Reporting Carrier	<b>613017</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

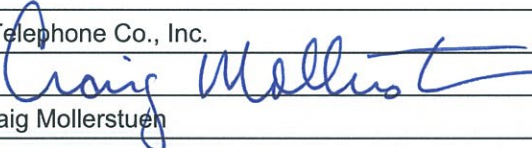
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">NUSHAGAK ELEC &amp; TEL</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael Megli</span>				<small>Digitally signed by Michael Megli DN:cn=Michael Megli,email=mmegli@nushagak.coop,O=nushagak elec &amp; tel,l=Dillingham AK 99576, Date:5/26/2017</small>  Date: <span style="color: blue;">5/26/2017</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Megli</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Interim CEO/GM</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">907-842-5251</span>					
Study Area Code of Reporting Carrier	613018		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OTZ TEL COOPERATIVE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Doug Neal</span></p>				<p><small>Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kotzebue AK 99752, Date:5/23/2017</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Doug Neal</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-442-1000</span></p>					
Study Area Code of Reporting Carrier	613019		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Yukon Telephone Co., Inc.				
Signature of authorized officer 				Date 5/18/17
Printed name of authorized officer Craig Mollerstuen				
Title or position of authorized officer Vice President				
Telephone number of authorized officer: (907) 273-5217, ext.				
Study Area Code of Reporting Carrier 613025		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>NORTH COUNTRY TEL CO</b>					
Signature of Authorized Officer or employee: <b>Michael Garrett</b>				<small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=north country tel co,l=Port Townsend WA 98368, Date:5/16/2017</small> Date: <b>5/16/2017</b>	
Printed name of Authorized Officer or employee: <b>Michael Garrett</b>					
Title or position of Authorized Officer or employee: <b>President / CEO</b>					
Telephone number of Authorized Officer or employee: <b>360-385-1733</b>					
Study Area Code of Reporting Carrier	<b>613026</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY 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 <i>Summit Telephone &amp; Telegraph Company of Alaska, Inc.</i>			
Signature of authorized officer <i>Roger L Shoffstall</i>		Date <i>5/18/2017</i>	
Printed name of authorized officer <i>Roger L Shoffstall</i>			
Title or position of authorized officer <i>President</i>			
Telephone number of authorized officer: <i>(907) 389 1612 ext.</i>			
Study Area Code of Reporting Carrier	<i>613028</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2017</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier 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).

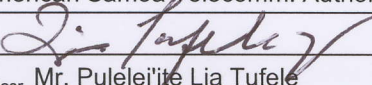
Name of Reporting Carrier				Sandwich Isles Communications, Inc.	
Signature of authorized officer			Date		5/24/17
Printed name of authorized officer Breanne Kahalewai					
Title or position of authorized officer President					
Telephone number of authorized officer: (808) 524-8400					
Study Area Code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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>TELEGUAM HOLDINGS</b>					
Signature of Authorized Officer or employee: <b>John Brady</b> <small>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,l= , Date:5/22/2017</small>				Date: <b>5/22/2017</b>	
Printed name of Authorized Officer or employee: <b>John Brady</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>671-644-0013</b>					
Study Area Code of Reporting Carrier	<b>663800</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2017</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

**Certification of Officer for Rate-of-Return Carrier 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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer

*Kevin G. Hess*

Date 05/19/2017

Printed name of Authorized Officer **Kevin G. Hess**

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

Telephone number or Authorized Officer. (608)664-4160 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

06/16/2017

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

361413 – Mid-State Telephone Company dba KMP

240535 – Norway Telephone Company, Inc.

250311 – Oakman Telephone Company, Inc.

320816 – S and W Telephone Company

300662 – The Vanlue Telephone Company

320837 - West Point Telephone Company

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
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Name of Reporting Carrier See the Attached List				
Signature of authorized officer <i>Michael T. Skrivan</i>			Date	5/2/18
Printed name of authorized officer Michael T. Skrivan				
Title or position of authorized officer Vice President Regulatory				
Telephone number of authorized officer: (207) 535-4150				
Study Area Code of Reporting Carrier	see attached	Filing Due Date for this form (mm/dd/yyyy)	May 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.				

## Company Listing

Study Area	Company Name
150073	Berkshire Telephone Company NY
462192	Big Sandy Telecom, Inc.
150078	Chautauqua & Erie Tel. Corp.
431981	Chouteau Telephone Company
300604	Columbus Grove Telephone Company
100015	Community Service Telephone Company
341009	C-R Telephone Company
341004	El Paso Telephone Company
522412	Ellensburg Telephone Company
421472	FairPoint Communications Missouri, Inc.
300618	Germantown Independent Tel. Co.
210291	GTC, Inc. FL Florala
210329	GTC, Inc. FL Perry
210339	GTC, Inc. FL St Joe
170185	Marianna-Scenery Hill Tel. Co.
341065	Odin Telephone Exchange, Inc.
300649	Orwell Telephone Company
190244	Peoples Mutual Telephone Company, Inc.
411835	Sunflower Telephone Co/Bluestem Telephone Co.
150084	Taconic Telephone Corp.
170145	The Bentleyville Telephone Company
522453	YCOM Networks, Inc.