

# VOLUME 1

## APPENDIX C Exhibit 3

### CARRIER CERTIFICATIONS Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                      |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                      |         |
| <p>Name of Reporting Carrier: <b>LINCOLNVILLE NETWRKS</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                      |         |
| <p>Signature of Authorized Officer: <b>Shirley Manning</b></p>                                                                                                                                                                                          |                      |         |                                                   | <p>Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@lintelco.net,O=lincolnvillenetwrks, = , Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Shirley Manning</b></p>                                                                                                                                                                                       |                      |         |                                                   |                                                                                                                                                                      |         |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                      |         |
| <p>Telephone number of Authorized Officer: <b>207-563-9941</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                      |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>100003</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                              | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                      |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                    |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Name of Reporting Carrier:      <b>OXFORD COUNTY TEL</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Signature of Authorized Officer:      <b>Dawna Hannan</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p><small>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford county tel,l=Lewiston ME 04240, Date:5/24/2017</small></p> |  |
| <p>Date:      <b>5/24/2017</b></p>                                                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Printed name of Authorized Officer:      <b>Dawna Hannan</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Title or position of Authorized Officer:      <b>Director Regulatory Affairs</b></p>                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Telephone number of Authorized Officer:      <b>207-333-3455</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>100019</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                            |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                    |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

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

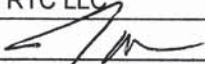
Carrier Cert

Transmittal No. 1519

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                    |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                                          |  |                                                   |                                                                                                                                                                                                    |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">UNITEL, INC.</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                    |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Laurie Osgood</span></p>                                                                                                                                                                 |                                          |  |                                                   | <p>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@unitel.me,O=unitel, inc.,I=Unity ME 04988-0165, Date:5/25/2017</p> <p>Date: <span style="color: blue;">5/25/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Laurie Osgood</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                    |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO/President</span></p>                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                    |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">207-948-9952</span></p>                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                                                                    |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <span style="color: blue;">100029</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                        |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                                          |  |                                                   |                                                                                                                                                                                                    |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |               |                                            |                  |                      |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                            |                  |                      |
| Name of Reporting Carrier <b>Bretton Woods Telephone Company, Inc.</b>                                                                                                                                                                           |               |                                            |                  |                      |
| Signature of Authorized Officer <i>Karen M. Wante</i>                                                                                                                                                                                            |               |                                            |                  | Date <b>05/17/17</b> |
| Printed name of Authorized Officer <b>Karen M. Wante</b>                                                                                                                                                                                         |               |                                            |                  |                      |
| Title or position of Authorized Officer <b>Vice President</b>                                                                                                                                                                                    |               |                                            |                  |                      |
| Telephone number of Authorized Officer: <b>(603) 278-9911</b> ext.                                                                                                                                                                               |               |                                            |                  |                      |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <b>120038</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b> |                      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                            |                  |                      |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                                          |  |                                                   |                                                                                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">GRANITE STATE TEL</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Susan King</span></p>                                                                                                                                                 |                                          |  |                                                   | <p><small>Digitally signed by Susan King DN:cn=Susan King,email=srand@gstnetworks.com,O=granite state tel,l=Weare NH 03281, Date:5/26/2017</small></p> <p>Date: <span style="color: blue;">5/26/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Susan King</span></p>                                                                                                                                                                 |                                          |  |                                                   |                                                                                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>                                                                                                                                                             |                                          |  |                                                   |                                                                                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">603-529-9941</span></p>                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <span style="color: blue;">120039</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                     |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                                          |  |                                                   |                                                                                                                                                                                                                 |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">DIXVILLE TEL CO</span></p>                                                                                                                                                                            |                                          |  |                                                   |                                                                                                                                                                                                |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Ann Walsh</span></p>                                                                                                                                                                            |                                          |  |                                                   | <p><small>Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co, Date: 5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Ann Walsh</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Assistant Secretary</span></p>                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">781-402-1731</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">120042</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                    |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                             |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Name of Reporting Carrier: <b>FRANKLIN TEL CO - VT</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Signature of Authorized Officer: <b>Kimberly Gates Maynard</b></p>                                                                                                                                                                                   |                      |  |                                                   | <p>Digitally signed by Kimberly Gates Maynard<br/>DN: cn=Kimberly Gates Maynard, email=ftc@franklinvt.net, O=franklin tel co - vt, l=Franklin VT 05457, Date: 5/16/2017</p> |  |
| <p>Date: <b>5/16/2017</b></p>                                                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Printed name of Authorized Officer: <b>Kimberly Gates Maynard</b></p>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Title or position of Authorized Officer: <b>Treasurer</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Telephone number of Authorized Officer: <b>802-285-9911</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>140053</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                     |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                             |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

|                                                             |  |       |                                            |                                 |                 |
|-------------------------------------------------------------|--|-------|--------------------------------------------|---------------------------------|-----------------|
| Name of Reporting Carrier                                   |  |       |                                            | TOPSHAM TELEPHONE COMPANY, INC. |                 |
| Signature of Authorized Officer                             |  |       | Mark De Perrior                            |                                 | Date 05/16/2017 |
| Printed name of Authorized Officer                          |  |       | MARK DE PERRIOR                            |                                 |                 |
| Title or position of Authorized Officer                     |  |       | CONTROLLER                                 |                                 |                 |
| Telephone number of Authorized Officer: (315) 324-5911 ext. |  |       |                                            |                                 |                 |
| Study Area Code of Reporting Carrier                        |  | 14068 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017                       |                 |

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

Carrier Cert

Transmittal No. 1519

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                              |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                              |         |
| <p>Name of Reporting Carrier: <b>VERMONT TEL. CO-VT</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                              |         |
| <p>Signature of Authorized Officer: <b>Fran Stocker</b></p>                                                                                                                                                                                             |                      |         |                                                   | <p>Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt, Date:5/30/2017</p> |         |
| <p>Date: <b>5/30/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                              |         |
| <p>Printed name of Authorized Officer: <b>Fran Stocker</b></p>                                                                                                                                                                                          |                      |         |                                                   |                                                                                                                              |         |
| <p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>                                                                                                                                                                          |                      |         |                                                   |                                                                                                                              |         |
| <p>Telephone number of Authorized Officer: <b>802-885-7745</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                              |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>147332</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                      | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                              |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Cassadga Telephone Corporation**

Signature of Authorized Officer



Date **05/30/2017**

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

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

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

Study Area Code of Reporting Carrier

**150076**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                                        |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                                        |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CHAMPLAIN TEL CO</span></p>                                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                                                                                                        |  |
| <p>Signature of Authorized Officer: <span style="color: blue;"><b>Mark Webster</b></span></p>                                                                                                                                                                  |                                          |  |                                                   | <p><small>Digitally signed by Mark Webster DN: cn=Mark Webster, email=mwebster@champlaintelephone.com, O=c hamplain tel co, l=Champlain NY 12919, Date: 5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Mark Webster</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                                        |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                                                                                                        |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">518-298-2480</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                                        |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">150077</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                                            |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                                        |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                    |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Name of Reporting Carrier: <b>CROWN POINT TEL CORP</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Signature of Authorized Officer: <b>Shana Macey</b></p>                                                                                                                                                                                              |                      |  |                                                   | <p>Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel corp,l=Crown Point NY 12928, Date:5/23/2017</p> <p>Date: <b>5/23/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Shana Macey</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Telephone number of Authorized Officer: <b>518-597-3300</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>150085</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                            |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                    |  |

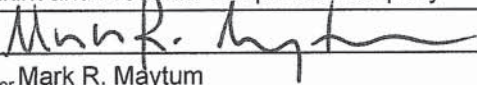
TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <b>DELHI TEL CO</b></p>                                                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <b>Jason Miller</b></p>                                                                                                                                                                                             |                      |  |                                                   | <p>Digitally signed by Jason Miller DN:cn=Jason Miller,email=jason@delhitel.com,O=delhi tel co,l=Delhi NY 13753, Date:5/26/2017</p> <p>Date: <b>5/26/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Jason Miller</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <b>Vice President/Treasurer</b></p>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <b>607-746-1524</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>150088</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                           |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

|                                                                                                                                                                                                                                                         |  |        |                                                                                   |                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------|-----------------------------------------------------------------------------------|--------------------------------------------|--|
| Name of Reporting Carrier                                                                                                                                                                                                                               |  |        |                                                                                   | Dunkirk and Fredonia Telephone Company     |  |
| Signature of Authorized Officer                                                                                                                                                                                                                         |  |        |  |                                            |  |
| Date                                                                                                                                                                                                                                                    |  |        | 05/30/2017                                                                        |                                            |  |
| Printed name of Authorized Officer                                                                                                                                                                                                                      |  |        |                                                                                   |                                            |  |
| Mark R. Maytum                                                                                                                                                                                                                                          |  |        |                                                                                   |                                            |  |
| Title or position of Authorized Officer                                                                                                                                                                                                                 |  |        |                                                                                   |                                            |  |
| President, COO                                                                                                                                                                                                                                          |  |        |                                                                                   |                                            |  |
| Telephone number of Authorized Officer: (716) 673-3000 ext.                                                                                                                                                                                             |  |        |                                                                                   |                                            |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    |  | 150091 |                                                                                   | Filing Due Date for this form (mm/dd/yyyy) |  |
|                                                                                                                                                                                                                                                         |  |        |                                                                                   | 6/16/2017                                  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |  |        |                                                                                   |                                            |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                               |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                                          |  |                                                   |                                                                                                                                                               |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">HANCOCK TEL CO</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                               |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Robert Wrighter, Jr</span></p>                                                                                                                                                           |                                          |  |                                                   | <p>Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel co,L=Hancock NY 13783, Date:5/18/2017</p> |  |
| <p>Date: <span style="color: blue;">5/18/2017</span></p>                                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                               |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Robert Wrighter, Jr</span></p>                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                               |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                               |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">607-637-9912</span></p>                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                               |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <span style="color: blue;">150099</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                                          |  |                                                   |                                                                                                                                                               |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                     |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                     |         |
| <p>Name of Reporting Carrier: <b>NICHOLVILLE TEL CO</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                     |         |
| <p>Signature of Authorized Officer: <b>Jeffrey McGrath</b></p>                                                                                                                                                                                          |                      |         |                                                   | <p>Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:5/23/2017</p> |         |
| <p>Date: <b>5/23/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                     |         |
| <p>Printed name of Authorized Officer: <b>Jeffrey McGrath</b></p>                                                                                                                                                                                       |                      |         |                                                   |                                                                                                                                                     |         |
| <p>Title or position of Authorized Officer: <b>Vice President/Regulatory</b></p>                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                     |         |
| <p>Telephone number of Authorized Officer: <b>315-328-5333</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                     |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>150108</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                             | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                     |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                           |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                           |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ONEIDA COUNTY RURAL</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                           |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Heather Kirkland</span></p>                                                                                                                                                                     |                                          |  |                                                   | <p><small>Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural, Date:5/19/2017</small></p> <p>Date: <span style="color: blue;">5/19/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Heather Kirkland</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                           |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Director of Finance &amp; Accounting</span></p>                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                           |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">315-865-5201</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                           |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">150111</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                               |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                           |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                          |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                                          |         |
| <p>Name of Reporting Carrier: <b>PATTERSONVILLE TEL</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                                                          |         |
| <p>Signature of Authorized Officer: <b>Tammy Krisher</b></p>                                                                                                                                                                                            |                      |         |                                                   | <p>Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptccconnect.net,O=pattersonville tel,l=Rotterdam Junc NY 12150, Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Tammy Krisher</b></p>                                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                          |         |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                                          |         |
| <p>Telephone number of Authorized Officer: <b>518-887-2121</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                                          |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>150116</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                  | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                                          |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                    |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Name of Reporting Carrier: <b>STATE TEL CO</b></p>                                                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Signature of Authorized Officer: <b>Mark Evans</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l=Coxsackie NY 12051, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Mark Evans</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Title or position of Authorized Officer: <b>Vice President</b></p>                                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Telephone number of Authorized Officer: <b>518-731-6128</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>150125</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                            |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                    |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |               |                                            |                  |                     |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                            |                  |                     |
| Name of Reporting Carrier <b>Alteva of Warwick LLC</b>                                                                                                                                                                                           |               |                                            |                  |                     |
| Signature of Authorized Officer <i>Charles E. Richardson</i>                                                                                                                                                                                     |               |                                            |                  | Date <b>5-25-17</b> |
| Printed name of Authorized Officer <b>Charles E. Richardson</b>                                                                                                                                                                                  |               |                                            |                  |                     |
| Title or position of Authorized Officer <b>VP and General Counsel</b>                                                                                                                                                                            |               |                                            |                  |                     |
| Telephone number of Authorized Officer: <b>(205) 978-4411</b> , ext. _____                                                                                                                                                                       |               |                                            |                  |                     |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <b>150135</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b> |                     |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                            |                  |                     |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

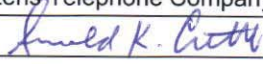
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

|                                         |  |        |                                                                                   |                                            |  |
|-----------------------------------------|--|--------|-----------------------------------------------------------------------------------|--------------------------------------------|--|
| Name of Reporting Carrier               |  |        |                                                                                   | Citizens Telephone Company of Kecksburg    |  |
| Signature of Authorized Officer         |  |        |  |                                            |  |
| Date                                    |  |        | 5/25/2017                                                                         |                                            |  |
| Printed name of Authorized Officer      |  |        |                                                                                   | Arnold K. Cutrell                          |  |
| Title or position of Authorized Officer |  |        |                                                                                   | Treasurer                                  |  |
| Telephone number of Authorized Officer: |  |        |                                                                                   | (724) 424-4444 ext.                        |  |
| Study Area Code of Reporting Carrier    |  | 170156 |                                                                                   | Filing Due Date for this form (mm/dd/yyyy) |  |
|                                         |  |        |                                                                                   | 6/16/2017                                  |  |

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                      |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                      |  |
| <p>Name of Reporting Carrier: <b>HICKORY TEL CO</b></p>                                                                                                                                                                                                 |                      |  |                                                   |                                                                                                                      |  |
| <p>Signature of Authorized Officer: <b>Terri Jeffers</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tj@hky.com,O=hickory tel co, Inc., Date:5/17/2017</p> |  |
| <p>Date: <b>5/17/2017</b></p>                                                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                      |  |
| <p>Printed name of Authorized Officer: <b>Terri Jeffers</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                      |  |
| <p>Title or position of Authorized Officer: <b>Regulatory Director</b></p>                                                                                                                                                                              |                      |  |                                                   |                                                                                                                      |  |
| <p>Telephone number of Authorized Officer: <b>724-356-2211</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                      |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>170171</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                              |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                      |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MARIANNA - SCENERY</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <span style="color: blue;"><b>Michael Skrivan</b></span></p>                                                                                                                                                               |                                          |  |                                                   | <p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=marianna - scenery,lc= , Date:5/23/2017</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Michael Skrivan</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Vice-President Regulatory</span></p>                                                                                                                                                    |                                          |  |                                                   |                                                                                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">207-535-4150</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">170185</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                     |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                 |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                  |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                  |         |
| <p>Name of Reporting Carrier: <b>NORTH-EASTERN PA TEL</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                  |         |
| <p>Signature of Authorized Officer: <b>Steven Tourje</b></p>                                                                                                                                                                                            |                      |         |                                                   | <p>Digitally signed by Steven Tourje DN:cn=Steven Tourje,email=stourje@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:5/30/2017</p> |         |
| <p>Date: <b>5/30/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                  |         |
| <p>Printed name of Authorized Officer: <b>Steven Tourje</b></p>                                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                  |         |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                  |         |
| <p>Telephone number of Authorized Officer: <b>570-785-2216</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                  |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>170191</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                          | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                  |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                          |  |
| <p>Name of Reporting Carrier: <b>NORTH PENN TEL CO</b></p>                                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                          |  |
| <p>Signature of Authorized Officer: <b>Tom Prestigiacomo</b></p>                                                                                                                                                                                        |                      |  |                                                   | <p>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/17/2017</p> |  |
| <p>Date: <b>5/17/2017</b></p>                                                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                          |  |
| <p>Printed name of Authorized Officer: <b>Tom Prestigiacomo</b></p>                                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer: <b>CFO</b></p>                                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer: <b>607-522-4237</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>170192</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <b>PENNSYLVANIA TEL CO</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <b>Mary Davis</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p>Digitally signed by Mary Davis DN:cn=Mary Davis,email=patelco@ovalinternet.net,O=pennsylvania tel co, Inc., Date:5/30/2017</p> <p>Date: <b>5/30/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Mary Davis</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <b>Vice President</b></p>                                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <b>570-745-7101</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>170197</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                         |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                 |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                             |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                             |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">VENUS TEL CORP</span></p>                                                                                                                                                                             |                                          |  |                                                   |                                                                                                                                                                                                             |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Janice Kline</span></p>                                                                                                                                                                         |                                          |  |                                                   | <p><small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel corp,l=Venus PA 16364, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Janice Kline</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                             |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager and Asst. Sec/Treas.</span></p>                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                             |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">814-354-6400</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                             |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">170210</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                 |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                             |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |         |                                                   |                                                                                                                                                                                   |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |         |                                                   |                                                                                                                                                                                   |         |
| <p>Name of Reporting Carrier: <b>WEST SIDE TEL CO-PA</b></p>                                                                                                                                                                                                   |                      |         |                                                   |                                                                                                                                                                                   |         |
| <p>Signature of Authorized Officer: <b>John Ludenia</b></p>                                                                                                                                                                                                    |                      |         |                                                   | <p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa,lc= , Date:5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>John Ludenia</b></p>                                                                                                                                                                                                 |                      |         |                                                   |                                                                                                                                                                                   |         |
| <p>Title or position of Authorized Officer: <b>V.P. Operations, General manager</b></p>                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                                   |         |
| <p>Telephone number of Authorized Officer: <b>304-983-8642</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                                                   |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>170277</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                           | <p></p> |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |         |                                                   |                                                                                                                                                                                   |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                        |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                                        |         |
| <p>Name of Reporting Carrier: <b>NEW HOPE TEL COOP</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                                        |         |
| <p>Signature of Authorized Officer: <b>Laurie Hensley</b></p>                                                                                                                                                                                           |                      |         |                                                   | <p>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop, New Hope VA 24469, Date:5/23/2017</p> <p>Date: <b>5/23/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Laurie Hensley</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                                        |         |
| <p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                                        |         |
| <p>Telephone number of Authorized Officer: <b>540-363-6277</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                                        |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>190239</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                                        |         |

TO BE COMPLETED BY THE REPORTING CARRIER,

|                                                                                                                                                                                                                                                                                   |               |                                               |                        |
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| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                                   |               |                                               |                        |
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                                               |               |                                               |                        |
| Name of Reporting Carrier <b>Pembroke Telephone Cooperative</b>                                                                                                                                                                                                                   |               |                                               |                        |
| Signature of Authorized Officer                                                                                                                                                                  |               |                                               | Date <b>05/22/2017</b> |
| Printed name of Authorized Officer <b>Leon A. Law</b>                                                                                                                                                                                                                             |               |                                               |                        |
| Title or position of Authorized Officer <b>President</b>                                                                                                                                                                                                                          |               |                                               |                        |
| Telephone number of Authorized Officer: <b>(540) 626-7111</b> ext.                                                                                                                                                                                                                |               |                                               |                        |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                                              | <b>190243</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>6/16/2017</b>       |
| <p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |                                               |                        |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                              |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                              |         |
| <p>Name of Reporting Carrier: <b>SHENANDOAH TEL CO</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                              |         |
| <p>Signature of Authorized Officer: <b>Jay Turtora</b></p>                                                                                                                                                                                              |                      |         |                                                   | <p>Digitally signed by Jay Turtora DN:cn=Jay Turtora,email=Jay.turtora@emp.shentel.com,O=shenandoah tel co, Date:5/30/2017</p> <p>Date: <b>5/30/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Jay Turtora</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                              |         |
| <p>Title or position of Authorized Officer: <b>V.P. Accounting &amp; Planning</b></p>                                                                                                                                                                   |                      |         |                                                   |                                                                                                                                                              |         |
| <p>Telephone number of Authorized Officer: <b>540-984-5295</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                              |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>190250</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                      | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                              |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                               |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                                          |  |                                                   |                                                                                                                               |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">GTC, INC.</span></p>                                                                                                                                                                           |                                          |  |                                                   |                                                                                                                               |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Michael Skrivan</span></p>                                                                                                                                                               |                                          |  |                                                   | <p>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=gtc, inc.,l= , Date:5/24/2017</p> |  |
| <p>Date: <span style="color: blue;">5/24/2017</span></p>                                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                               |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Michael Skrivan</span></p>                                                                                                                                                            |                                          |  |                                                   |                                                                                                                               |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Vice-President Regulatory</span></p>                                                                                                                                             |                                          |  |                                                   |                                                                                                                               |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">207-535-4150</span></p>                                                                                                                                                           |                                          |  |                                                   |                                                                                                                               |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <span style="color: blue;">210329</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                                          |  |                                                   |                                                                                                                               |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                             |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                             |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ITS TELECOMM. SYS.</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                                             |  |
| <p>Signature of Authorized Officer: <span style="color: blue;"><b>Bruce Russell</b></span></p>                                                                                                                                                                 |                                          |  |                                                   | <p><small>Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=brucer@its telecom.net,O=its telecom. sys.,l=Indiantown FL 34956, Date:5/23/2017</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Russell</span></p>                                                                                                                                                                     |                                          |  |                                                   |                                                                                                                                                                                                                             |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                             |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">772-597-2106</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                             |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">210331</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                                 |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                             |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                 |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                 |         |
| <p>Name of Reporting Carrier: <b>NORTHEAST FLORIDA</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                 |         |
| <p>Signature of Authorized Officer: <b>Amanda Molina</b></p>                                                                                                                                                                                            |                      |         |                                                   | <p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=northeast florida,lc=US, Date:5/26/2017</p> |         |
| <p>Date: <b>5/26/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                 |         |
| <p>Printed name of Authorized Officer: <b>Amanda Molina</b></p>                                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                 |         |
| <p>Title or position of Authorized Officer: <b>Vice President of External Relations</b></p>                                                                                                                                                             |                      |         |                                                   |                                                                                                                                 |         |
| <p>Telephone number of Authorized Officer: <b>904-259-0029</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                 |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>210335</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                         | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                 |         |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                       |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                       |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">GTC, INC.</span></p>                                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                       |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Michael Skrivan</span></p>                                                                                                                                                                      |                                          |  |                                                   | <p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=gtc, inc.,l= , Date:5/24/2017</small></p> <p>Date: <span style="color: blue;">5/24/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Michael Skrivan</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                                                                       |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Vice-President Regulatory</span></p>                                                                                                                                                    |                                          |  |                                                   |                                                                                                                                                                                                       |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">207-535-4150</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                       |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">210339</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                           |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                       |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ALMA TEL CO</span></p>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kevin Brooks</span></p>                                                                                                                                                      |                                          |  |                                                   | <p><small>Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel co,l=Alma GA 31510, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Brooks</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>                                                                                                                                                                    |                                          |  |                                                   |                                                                                                                                                                                                                |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">912-632-8603</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">220344</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                    |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                |  |

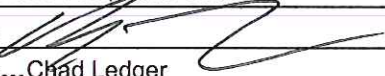
TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                                       |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                                       |  |
| <p>Name of Reporting Carrier: <b>BRANTLEY TEL CO</b></p>                                                                                                                                                                                                |               |  |                                            |                                                                                                                                                       |  |
| <p>Signature of Authorized Officer: <b>Donovan Strickland</b></p>                                                                                                                                                                                       |               |  |                                            | <p>Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:5/25/2017</p> |  |
| <p>Date: <b>5/25/2017</b></p>                                                                                                                                                                                                                           |               |  |                                            |                                                                                                                                                       |  |
| <p>Printed name of Authorized Officer: <b>Donovan Strickland</b></p>                                                                                                                                                                                    |               |  |                                            |                                                                                                                                                       |  |
| <p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>                                                                                                                                                                   |               |  |                                            |                                                                                                                                                       |  |
| <p>Telephone number of Authorized Officer: <b>912-462-5111</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                                       |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>220347</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                                      |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                                       |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |  |        |                                            |           |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |  |        |                                            |           |
| Name of Reporting Carrier Citizens Telephone Co., Inc.                                                                                                                                                                                           |  |        |                                            |           |
| Signature of Authorized Officer                                                                                                                                 |  |        | Date May 18, 2017                          |           |
| Printed name of Authorized Officer Chad Ledger                                                                                                                                                                                                   |  |        |                                            |           |
| Title or position of Authorized Officer General Manager                                                                                                                                                                                          |  |        |                                            |           |
| Telephone number of Authorized Officer: (229) 874-4145 ext.                                                                                                                                                                                      |  |        |                                            |           |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             |  | 220355 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |        |                                            |           |

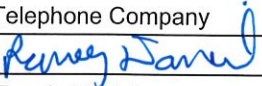
TO BE COMPLETED BY THE REPORTING CARRIER,

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| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                  |               |                                            |                     |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                            |                     |
| Name of Reporting Carrier <b>Darien Telephone Company</b>                                                                                                                                                                                        |               |                                            |                     |
| Signature of Authorized Officer <i>Mary Lou Forsyth</i>                                                                                                                                                                                          |               |                                            | Date <b>5-17-17</b> |
| Printed name of Authorized Officer <b>Mary Lou Forsyth</b>                                                                                                                                                                                       |               |                                            |                     |
| Title or position of Authorized Officer <b>President</b>                                                                                                                                                                                         |               |                                            |                     |
| Telephone number of Authorized Officer: <b>(912) 437-6611</b> ext.                                                                                                                                                                               |               |                                            |                     |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <b>220358</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>    |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                            |                     |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

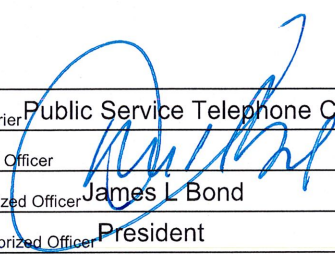
TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">PLANT TEL. CO.</span></p>                                                                                                                                                                             |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;"><b>Gordon Duff</b></span></p>                                                                                                                                                                   |                                          |  |                                                   | <p><small>Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@plantel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Gordon Duff</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>                                                                                                                                                               |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">229-528-4777</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">220379</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                      |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |  |        |                                            |                 |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |  |        |                                            |                 |
|                                                                                                                                                                 |  |        |                                            |                 |
| Name of Reporting Carrier Public Service Telephone Company                                                                                                                                                                                       |  |        |                                            |                 |
| Signature of Authorized Officer                                                                                                                                                                                                                  |  |        |                                            | Date 05/30/2017 |
| Printed name of Authorized Officer James L Bond                                                                                                                                                                                                  |  |        |                                            |                 |
| Title or position of Authorized Officer President                                                                                                                                                                                                |  |        |                                            |                 |
| Telephone number of Authorized Officer: (478) 847-4111 ext.                                                                                                                                                                                      |  |        |                                            |                 |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             |  | 220381 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |        |                                            |                 |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                               |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                               |         |
| <p>Name of Reporting Carrier: <b>TRENTON TEL CO</b></p>                                                                                                                                                                                                 |                      |         |                                                   |                                                                                                                               |         |
| <p>Signature of Authorized Officer: <b>Steven Tatum</b></p>                                                                                                                                                                                             |                      |         |                                                   | <p>Digitally signed by Steven Tatum DN: cn=Steven Tatum, email=statum@tvn.net, O=trenton tel co, l= ,<br/>Date: 5/26/2017</p> |         |
| <p>Date: <b>5/26/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                               |         |
| <p>Printed name of Authorized Officer: <b>Steven Tatum</b></p>                                                                                                                                                                                          |                      |         |                                                   |                                                                                                                               |         |
| <p>Title or position of Authorized Officer: <b>Vice President</b></p>                                                                                                                                                                                   |                      |         |                                                   |                                                                                                                               |         |
| <p>Telephone number of Authorized Officer: <b>706-657-4367</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                               |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>220389</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                       | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                               |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                       |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Name of Reporting Carrier: <b>WAVERLY HALL, LLC</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Signature of Authorized Officer: <b>Deborah Rand</b></p>                                                                                                                                                                                             |                      |         |                                                   | <p>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall, llc,l= , Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Deborah Rand</b></p>                                                                                                                                                                                          |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Telephone number of Authorized Officer: <b>603-472-9786</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>220392</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                               | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                       |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER,

10

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER,

10

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

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

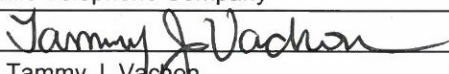
|                                                                                                                                                                                                                                                  |  |        |                                            |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

TO BE COMPLETED BY THE REPORTING CARRIER,

10

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

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                   |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                   |         |
| <p>Name of Reporting Carrier: <b>RANDOLPH MEMBERSHIP</b></p>                                                                                                                                                                                            |                      |         |                                                   |                                                                                                                                                                   |         |
| <p>Signature of Authorized Officer: <b>Kimberly Garner</b></p>                                                                                                                                                                                          |                      |         |                                                   | <p>Digitally signed by Kimberly Garner DN:cn=Kimberly Garner,email=kgarner@rtmc.coop,O=randolph membership,lc= , Date:5/26/2017</p> <p>Date: <b>5/26/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Kimberly Garner</b></p>                                                                                                                                                                                       |                      |         |                                                   |                                                                                                                                                                   |         |
| <p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                   |         |
| <p>Telephone number of Authorized Officer: <b>336-879-7911</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                   |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>230496</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                           | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                   |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                         |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                         |         |
| <p>Name of Reporting Carrier: <b>SURRY MEMBERSHIP</b></p>                                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                                         |         |
| <p>Signature of Authorized Officer: <b>Curtis Taylor</b></p>                                                                                                                                                                                            |                      |         |                                                   | <p>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Curtis Taylor</b></p>                                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                         |         |
| <p>Title or position of Authorized Officer: <b>CEO</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                         |         |
| <p>Telephone number of Authorized Officer: <b>336-374-4535</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                         |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>230497</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                 | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                         |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |        |  |                                            |                                                                                                                                                                                             |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |        |  |                                            |                                                                                                                                                                                             |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SALUDA MOUNTAIN TEL</span></p>                                                                                                                                                                 |        |  |                                            |                                                                                                                                                                                             |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Eric Cramer</span></p>                                                                                                                                                                   |        |  |                                            | <p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=saluda mountain tel,lc= , Date:5/30/2017</p> <p>Date: <span style="color: blue;">5/30/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Eric Cramer</span></p>                                                                                                                                                                |        |  |                                            |                                                                                                                                                                                             |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO and General Manager</span></p>                                                                                                                                               |        |  |                                            |                                                                                                                                                                                             |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">336-973-6112</span></p>                                                                                                                                                           |        |  |                                            |                                                                                                                                                                                             |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | 230498 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017                                                                                                                                                                                   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |        |  |                                            |                                                                                                                                                                                             |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SANDHILL TEL COOP</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Lee Chambers</span></p>                                                                                                                                                                         |                                          |  |                                                   | <p><small>Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sandhill tel coop, =Jefferson SC 29718, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Lee Chambers</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO/Manager</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">843-658-6379</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">240546</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                             |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                         |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                      |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                      |         |
| <p>Name of Reporting Carrier: <b>WEST CAROLINA RURAL</b></p>                                                                                                                                                                                            |                      |         |                                                   |                                                                                                                                                      |         |
| <p>Signature of Authorized Officer: <b>Jeff Wilson</b></p>                                                                                                                                                                                              |                      |         |                                                   | <p>Digitally signed by Jeff Wilson DN:cn=Jeff Wilson,email=jeff.wilson@wctel.com,O=west carolina rural,l=Abbeville SC 29620-0610, Date:5/23/2017</p> |         |
| <p>Date: <b>5/23/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                      |         |
| <p>Printed name of Authorized Officer: <b>Jeff Wilson</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                      |         |
| <p>Title or position of Authorized Officer: <b>CEO</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                      |         |
| <p>Telephone number of Authorized Officer: <b>864-446-9251</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                      |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>240550</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> |                      |         |                                                   |                                                                                                                                                      |         |

4-5

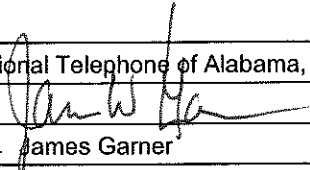
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

|                                                                                                                                                                                                                                                  |               |                                               |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------|------------------|
| Name of Reporting Carrier <i>Castleberry Telephone Co., Inc</i>                                                                                                                                                                                  |               |                                               |                  |
| Signature of Authorized Officer <i>Homer Holland</i>                                                                                                                                                                                             |               | Date <i>5-24-17</i>                           |                  |
| Printed name of Authorized Officer <i>Homer Holland</i>                                                                                                                                                                                          |               |                                               |                  |
| Title or position of Authorized Officer <i>Sec/Treas</i>                                                                                                                                                                                         |               |                                               |                  |
| Telephone number of Authorized Officer <i>(251) 966-2115</i>                                                                                                                                                                                     |               |                                               |                  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <i>250285</i> | Filing Due Date for this form<br>(mm/dd/yyyy) | <i>6/16/2017</i> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                               |                  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Farmers Telecommunications Cooperative, Inc.**

Signature of Authorized Officer *tyler pair*

Date **05/24/2017**

Printed name of Authorized Officer **Tyler Pair**

Title or position of Authorized Officer **CFO**

Telephone number of Authorized Officer: **(256) 638-2144** ext.

Study Area Code of Reporting Carrier **250290**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                                          |  |                                                   |                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">HAYNEVILLE TEL CO</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Evelyn Causey</span></p>                                                                                                                                                                 |                                          |  |                                                   | <p>Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel co,l=Hayneville AL 36040, Date:5/26/2017</p> |  |
| <p>Date: <span style="color: blue;">5/26/2017</span></p>                                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                 |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Evelyn Causey</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President/COO</span></p>                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">334-548-2101</span></p>                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <span style="color: blue;">250299</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                     |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                                          |  |                                                   |                                                                                                                                                 |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MILLRY TEL CO</span></p>                                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Paul Brown, Jr.</span></p>                                                                                                                                                                      |                                          |  |                                                   | <p><small>Digitally signed by Paul Brown, Jr. DN:cn=Paul Brown, Jr.,email=gene@millry.com,O=millry tel co,l=Millry AL 36558, Date:5/23/2017</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Paul Brown, Jr.</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>                                                                                                                                                               |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">251-846-2911</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">250304</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                      |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                               |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                               |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MON-CRE TEL COOP</span></p>                                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                                                                               |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Teresa Rich</span></p>                                                                                                                                                       |                                          |  |                                                   | <p><small>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,I=Ramer AL 36069, Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Teresa Rich</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                               |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                               |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">334-562-3242</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                               |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">250305</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                               |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                      |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                      |  |
| <p>Name of Reporting Carrier: <b>MOUNDVILLE TEL CO</b></p>                                                                                                                                                                                              |               |  |                                            |                                                                                                                                      |  |
| <p>Signature of Authorized Officer: <b>R. Taylor</b></p>                                                                                                                                                                                                |               |  |                                            | <p>Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel co,l=Moundville AL 35474, Date:5/23/2017</p> |  |
| <p>Date: <b>5/23/2017</b></p>                                                                                                                                                                                                                           |               |  |                                            |                                                                                                                                      |  |
| <p>Printed name of Authorized Officer: <b>R. Taylor</b></p>                                                                                                                                                                                             |               |  |                                            |                                                                                                                                      |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |               |  |                                            |                                                                                                                                      |  |
| <p>Telephone number of Authorized Officer: <b>205-371-9011</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                      |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>250307</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                     |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                      |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier New Hope Telephone Cooperative, Inc.

Signature of Authorized Officer *James D. Cook*

Date 5/30/17

Printed name of Authorized Officer James D. Cook

Title or position of Authorized Officer General Manager

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

Study Area Code of Reporting Carrier 250308

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

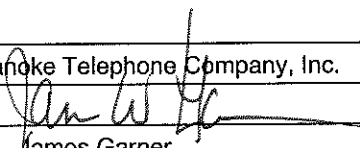
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                                          |  |   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

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                                    |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                                    |  |
| <p>Name of Reporting Carrier: <b>RAGLAND TEL CO</b></p>                                                                                                                                                                                                 |               |  |                                            |                                                                                                                                                    |  |
| <p>Signature of Authorized Officer: <b>Matthew Jackson</b></p>                                                                                                                                                                                          |               |  |                                            | <p>Digitally signed by Matthew Jackson DN:cn=Matthew Jackson,email=mattjackson@ragland.net,O=ragland tel co,l=Ragland AL 35131, Date:5/30/2017</p> |  |
| <p>Date: <b>5/30/2017</b></p>                                                                                                                                                                                                                           |               |  |                                            |                                                                                                                                                    |  |
| <p>Printed name of Authorized Officer: <b>Matthew Jackson</b></p>                                                                                                                                                                                       |               |  |                                            |                                                                                                                                                    |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |               |  |                                            |                                                                                                                                                    |  |
| <p>Telephone number of Authorized Officer: <b>205-472-2141</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                                    |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>250316</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                                   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                                    |  |




TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

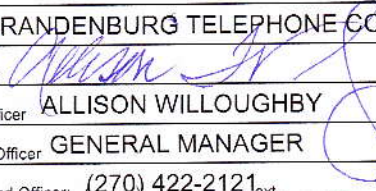
|                                         |        |  |                                                                                   |                                 |      |
|-----------------------------------------|--------|--|-----------------------------------------------------------------------------------|---------------------------------|------|
| Name of Reporting Carrier               |        |  |                                                                                   | Union Springs Telephone Co Inc. |      |
| Signature of Authorized Officer         |        |  |  |                                 | Date |
| Printed name of Authorized Officer      |        |  | William H. Freeman                                                                |                                 |      |
| Title or position of Authorized Officer |        |  | President                                                                         |                                 |      |
| Telephone number of Authorized Officer: |        |  | (334) 738-4400 ext.                                                               |                                 |      |
| Study Area Code of Reporting Carrier    | 250322 |  | Filing Due Date for this form (mm/dd/yyyy)                                        | 6/16/2017                       |      |

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                             |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                                          |  |                                                   |                                                                                                                                             |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">BALLARD RURAL COOP</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                             |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Randy Grogan</span></p>                                                                                                                                                                  |                                          |  |                                                   | <p>Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,l=La Center KY 42056, Date:5/30/2017</p> |  |
| <p>Date: <span style="color: blue;">5/30/2017</span></p>                                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                             |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Randy Grogan</span></p>                                                                                                                                                               |                                          |  |                                                   |                                                                                                                                             |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                             |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">270-665-5186</span></p>                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                             |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <span style="color: blue;">260396</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                 |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                                          |  |                                                   |                                                                                                                                             |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |               |                                            |                        |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                            |                        |
| Name of Reporting Carrier <b>BRANDENBURG TELEPHONE COMPANY, INC.</b>                                                                                                                                                                             |               |                                            |                        |
| Signature of Authorized Officer                                                                                                                                 |               |                                            | Date <b>05/17/2017</b> |
| Printed name of Authorized Officer <b>ALLISON WILLOUGHBY</b>                                                                                                                                                                                     |               |                                            |                        |
| Title or position of Authorized Officer <b>GENERAL MANAGER</b>                                                                                                                                                                                   |               |                                            |                        |
| Telephone number of Authorized Officer: <b>(270) 422-2121</b> , ext.                                                                                                                                                                             |               |                                            |                        |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <b>260398</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                            |                        |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LOGAN TEL. COOP. INC</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Hale</span></p>                                                                                                                                                      |                                          |  |                                                   | <p><small>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,l=Auburn KY 42206, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Gregory Hale</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Executive V.P.</span></p>                                                                                                                                               |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">270-542-4121</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">260413</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                            |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                        |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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


TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <b>CAMERON TEL CO - LA</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <b>Bruce Petry</b></p>                                                                                                                                                                                              |                      |  |                                                   | <p>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co - la,l=Sulphur LA 70664-0167, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Bruce Petry</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <b>337-583-2092</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>270425</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                           |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CAMPTI-PLEASANT HILL</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tom Edens</span></p>                                                                                                                                                         |                                          |  |                                                   | <p><small>Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campiti-pleasant hill,l=Natchitoches LA 71458, Date:5/26/2017</small></p> <p>Date: <span style="color: blue;">5/26/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Tom Edens</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">318-352-0014</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">270426</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                       |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

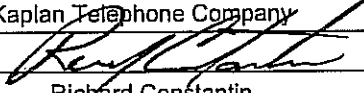
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                             |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                             |  |
| <p>Name of Reporting Carrier: <b>DELCAMBRE TEL CO</b></p>                                                                                                                                                                                               |                      |  |                                                   |                                                                                                                                                             |  |
| <p>Signature of Authorized Officer: <b>Matt Le Blanc</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Matt Le Blanc DN:cn=Matt Le Blanc,email=deltel@delcambre.net,O=delcambre tel co,l=, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Matt Le Blanc</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                             |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                             |  |
| <p>Telephone number of Authorized Officer: <b>337-685-2342</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                             |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>270428</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                     |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                             |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Name of Reporting Carrier: <b>ELIZABETH TEL CO</b></p>                                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Signature of Authorized Officer: <b>Bruce Petry</b></p>                                                                                                                                                                                              |                      |         |                                                   | <p>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel co,l=Sulphur LA 70664-0167, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Bruce Petry</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Telephone number of Authorized Officer: <b>337-583-2092</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>270430</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                        | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                                |         |



TO BE COMPLETED BY THE REPORTING CARRIER,

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |  |                                                                                                                                                        |  |                                                                                                               |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |  |                                                                                                                                                        |  |                                                                                                               |
| <div style="display: flex; justify-content: space-between;"> <span>Name of Reporting Carrier</span> <span>Kaplan Telephone Company</span> </div>                                                                                                        |  |                                                                                                                                                        |  |                                                                                                               |
| <div style="display: flex; justify-content: space-between;"> <span>Signature of Authorized Officer</span> <span></span> </div>                                         |  |                                                                                                                                                        |  | <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>05/17/2017</span> </div> |
| <div style="display: flex; justify-content: space-between;"> <span>Printed name of Authorized Officer</span> <span>Richard Constantin</span> </div>                                                                                                     |  |                                                                                                                                                        |  |                                                                                                               |
| <div style="display: flex; justify-content: space-between;"> <span>Title or position of Authorized Officer</span> <span>Controller</span> </div>                                                                                                        |  |                                                                                                                                                        |  |                                                                                                               |
| <div style="display: flex; justify-content: space-between;"> <span>Telephone number of Authorized Officer:</span> <span>(337) 643-7171, ext.</span> </div>                                                                                              |  |                                                                                                                                                        |  |                                                                                                               |
| <div style="display: flex; justify-content: space-between;"> <span>Study Area Code of Reporting Carrier</span> <span>270432</span> </div>                                                                                                               |  | <div style="display: flex; justify-content: space-between;"> <span>Filing Due Date for this form<br/>(mm/dd/yyyy)</span> <span>6/16/2017</span> </div> |  |                                                                                                               |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |  |                                                                                                                                                        |  |                                                                                                               |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                         |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Name of Reporting Carrier: <b>LAFOURCHE TEL CO</b></p>                                                                                                                                                                                               |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Signature of Authorized Officer: <b>Peter Louviere</b></p>                                                                                                                                                                                           |                      |  |                                                   | <p>Digitally signed by Peter Louviere DN:cn=Peter Louviere,email=peter.louviere@corp.viscom.net,O=lafour che tel co,l=Larose LA 70373, Date:5/30/2017</p> <p>Date: <b>5/30/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Peter Louviere</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Telephone number of Authorized Officer: <b>985-693-0265</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>270433</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                 |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                         |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

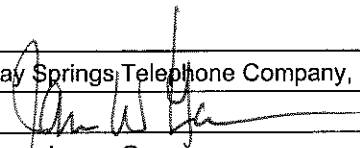
TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |  |        |                                            |           |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |  |        |                                            |           |
| Name of Reporting Carrier Reserve Telephone Company, Inc.                                                                                                                                                                                        |  |        |                                            |           |
| Signature of Authorized Officer <i>Annette A. Faircloth</i>                                                                                                                                                                                      |  |        | Date 05/26/2017                            |           |
| Printed name of Authorized Officer Annette A. Faircloth                                                                                                                                                                                          |  |        |                                            |           |
| Title or position of Authorized Officer Vice President of Finance                                                                                                                                                                                |  |        |                                            |           |
| Telephone number of Authorized Officer: (985) 536-1271 ext.                                                                                                                                                                                      |  |        |                                            |           |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             |  | 270438 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |        |                                            |           |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                        |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                        |  |
| <p>Name of Reporting Carrier: <b>DECATUR TEL CO -MS</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                        |  |
| <p>Signature of Authorized Officer: <b>Esther Smith, PhD</b></p>                                                                                                                                                                                        |                      |  |                                                   | <p>Digitally signed by Esther Smith, PhD DN:cn=Esther Smith,<br/>PhD,email=esther@decaturtelephone.com,O=decatur tel<br/>co -ms,l=Decatur MS 39327, Date:5/16/2017</p> |  |
| <p>Date: <b>5/16/2017</b></p>                                                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                        |  |
| <p>Printed name of Authorized Officer: <b>Esther Smith, PhD</b></p>                                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                                        |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                        |  |
| <p>Telephone number of Authorized Officer: <b>601-635-2251</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                        |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>280451</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                        |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                    |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Name of Reporting Carrier: <b>FRANKLIN TEL CO - MS</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Signature of Authorized Officer: <b>Tom Griffin</b></p>                                                                                                                                                                                              |                      |  |                                                   | <p>Digitally signed by Tom Griffin DN:cn=Tom Griffin,email=tgriffin@franklintelephone.com,O=franklin tel co - ms,l=Bude MS 39630, Date:5/22/2017</p> <p>Date: <b>5/22/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Tom Griffin</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Telephone number of Authorized Officer: <b>601-384-3390</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>280454</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                            |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                    |  |

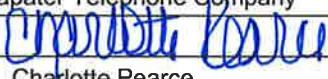
TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                          |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                          |         |
| <p>Name of Reporting Carrier: <b>GEORGETOWN TEL CO</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                          |         |
| <p>Signature of Authorized Officer: <b>Joie Miller</b></p>                                                                                                                                                                                              |                      |         |                                                   | <p>Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlco.com,O=georgetown tel co,l=Georgetown MS 39078, Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Joie Miller</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                          |         |
| <p>Title or position of Authorized Officer: <b>Vice President</b></p>                                                                                                                                                                                   |                      |         |                                                   |                                                                                                                                                                          |         |
| <p>Telephone number of Authorized Officer: <b>601-858-2211</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                          |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>280456</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                  | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                          |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LAKESIDE TEL. CO.</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Robert Sledge Jr.</span></p>                                                                                                                                                                    |                                          |  |                                                   | <p><small>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Robert Sledge Jr.</span></p>                                                                                                                                                                 |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>                                                                                                                                                                    |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">662-569-3311</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">280457</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                                       |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

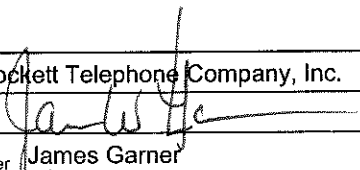
| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |        |  |                                            |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

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |               |                                            |                     |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                            |                     |
| Name of Reporting Carrier <b>Bledsoe Telephone Cooperative, Inc.</b>                                                                                                                                                                             |               |                                            |                     |
| Signature of Authorized Officer <i>John Lee Downey</i>                                                                                                                                                                                           |               |                                            | Date <b>5-23-17</b> |
| Printed name of Authorized Officer <b>John Lee Downey</b>                                                                                                                                                                                        |               |                                            |                     |
| Title or position of Authorized Officer <b>President</b>                                                                                                                                                                                         |               |                                            |                     |
| Telephone number of Authorized Officer: <b>(423) 447-2121</b> ext. _____                                                                                                                                                                         |               |                                            |                     |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <b>290554</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>    |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                            |                     |



TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">DEKALB TEL COOP</span></p>                                                                                                                                                                            |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Joe Mitchell</span></p>                                                                                                                                                                         |                                          |  |                                                   | <p><small>Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=joem@dtccom.net,O=dekalb tel coop,l=Alesandria TN 37012, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Joe Mitchell</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">615-464-2254</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">290562</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                      |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                  |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

## TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

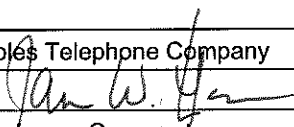
|                                                                    |                                                             |
|--------------------------------------------------------------------|-------------------------------------------------------------|
| Name of Reporting Carrier <i>Loretto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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

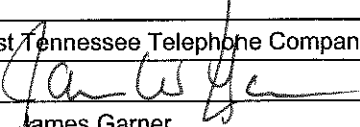
TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |               |                                            |                       |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                            |                       |
| Name of Reporting Carrier <b>Peoples Telephone Company</b>                                                                                                                                                                                       |               |                                            |                       |
| Signature of Authorized Officer                                                                                                                                 |               |                                            | Date <b>5/05/2017</b> |
| Printed name of Authorized Officer <b>James Garner</b>                                                                                                                                                                                           |               |                                            |                       |
| Title or position of Authorized Officer <b>Vice President of Operations</b>                                                                                                                                                                      |               |                                            |                       |
| Telephone number of Authorized Officer: <b>(601) 354-9070</b> ext.                                                                                                                                                                               |               |                                            |                       |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <b>290576</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                            |                       |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                           |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Name of Reporting Carrier: <b>UTC-TN-UNITED COMM</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Signature of Authorized Officer: <b>William Bradford</b></p>                                                                                                                                                                                         |                      |         |                                                   | <p>Digitally signed by William Bradford DN:cn=William Bradford,email=wbradford@united.net,O=utc-tn-united comm,l=Chapel Hill TN 37034, Date:5/23/2017</p> |         |
| <p>Date: <b>5/23/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Printed name of Authorized Officer: <b>William Bradford</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Title or position of Authorized Officer: <b>CEO</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Telephone number of Authorized Officer: <b>931-364-4322</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>290581</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                   | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                           |         |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |        |  |                                            |           |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |                                            |           |
| Name of Reporting Carrier West Tennessee Telephone Company, Inc.                                                                                                                                                                                 |        |  |                                            |           |
| Signature of Authorized Officer                                                                                                                                 |        |  | Date 5/05/2017                             |           |
| Printed name of Authorized Officer James Garner                                                                                                                                                                                                  |        |  |                                            |           |
| Title or position of Authorized Officer Vice President of Operations                                                                                                                                                                             |        |  |                                            |           |
| Telephone number of Authorized Officer: (601) 354-9070 ext.                                                                                                                                                                                      |        |  |                                            |           |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | 290583 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |                                            |           |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                              |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                              |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WEST KY COOP-TN</span></p>                                                                                                                                                                            |                                          |  |                                                   |                                                                                                                                                                                                              |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Karen Jackson-Furman</span></p>                                                                                                                                                                 |                                          |  |                                                   | <p><small>Digitally signed by Karen Jackson-Furman DN:cn=Karen Jackson-Furman,email=kfurman.wk@wk.net,O=west ky coop-tn, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Karen Jackson-Furman</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                              |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                              |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">270-856-9988</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                              |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">290598</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                              |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                   |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                                   |         |
| <p>Name of Reporting Carrier: <b>BASCOM MUTUAL TEL CO</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                                   |         |
| <p>Signature of Authorized Officer: <b>Laura Wise</b></p>                                                                                                                                                                                               |                      |         |                                                   | <p>Digitally signed by Laura Wise DN:cn=Laura Wise,email=law@bascomtelephone.com,O=bascom mutual tel co, n=Bascom OH 44809-0316, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Laura Wise</b></p>                                                                                                                                                                                            |                      |         |                                                   |                                                                                                                                                                                   |         |
| <p>Title or position of Authorized Officer: <b>Board Assistant Treasurer</b></p>                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                                   |         |
| <p>Telephone number of Authorized Officer: <b>419-937-2222</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                                   |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>300589</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                           | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                                   |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Buckland Telephone Company**

Signature of Authorized Officer *Douglas G. Place*

Date **5-24-17**

Printed name of Authorized Officer **Douglas G. Place**

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

Telephone number of Authorized Officer: **(419) 657-2222**, ext.

Study Area Code of Reporting Carrier **300591**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                              |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                              |         |
| <p>Name of Reporting Carrier: <b>THE CHAMPAIGN TEL CO</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                              |         |
| <p>Signature of Authorized Officer: <b>Tiffany Ebersold</b></p>                                                                                                                                                                                         |                      |         |                                                   | <p>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co, Date:5/24/2017</p> |         |
| <p>Date: <b>5/24/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                              |         |
| <p>Printed name of Authorized Officer: <b>Tiffany Ebersold</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                              |         |
| <p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>                                                                                                                                                                          |                      |         |                                                   |                                                                                                                                              |         |
| <p>Telephone number of Authorized Officer: <b>937-653-2263</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                              |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>300594</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                      | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                              |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                               |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                               |  |
| <p>Name of Reporting Carrier: <b>FORT JENNINGS TEL CO</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                                               |  |
| <p>Signature of Authorized Officer: <b>Michael Metzger</b></p>                                                                                                                                                                                          |                      |  |                                                   | <p>Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel co,l=Ft. Jennings OH 45844-0146, Date:5/30/2017</p> <p>Date: <b>5/30/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Michael Metzger</b></p>                                                                                                                                                                                       |                      |  |                                                   |                                                                                                                                                                                               |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                               |  |
| <p>Telephone number of Authorized Officer: <b>419-286-2181</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                               |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>300614</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                               |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                  |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                  |         |
| <p>Name of Reporting Carrier: <b>GLANDORF TEL CO</b></p>                                                                                                                                                                                                |                      |         |                                                   |                                                                                                                                                                  |         |
| <p>Signature of Authorized Officer: <b>David Hunt</b></p>                                                                                                                                                                                               |                      |         |                                                   | <p>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel co,l=Glandorf OH 45848, Date:5/23/2017</p> <p>Date: <b>5/23/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>David Hunt</b></p>                                                                                                                                                                                            |                      |         |                                                   |                                                                                                                                                                  |         |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                                                  |         |
| <p>Telephone number of Authorized Officer: <b>419-538-6987</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                  |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>300619</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                          | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                  |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                     |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                     |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">KALIDA TEL CO</span></p>                                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                                     |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Chris Phillips</span></p>                                                                                                                                                                       |                                          |  |                                                   | <p><small>Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Chris Phillips</span></p>                                                                                                                                                                    |                                          |  |                                                   |                                                                                                                                                                                                                     |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                     |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">419-532-3218</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                     |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">300625</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                         |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                     |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MIDDLE POINT HOME</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>                                                                                                                                                      |                                          |  |                                                   | <p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,lc=, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>                                                                                                                                                                    |                                          |  |                                                   |                                                                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">320-847-2211</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">300633</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                       |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                          |         |
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| <p>Name of Reporting Carrier: <b>THE NEW KNOXVILLE</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Signature of Authorized Officer: <b>Preston Meyer</b></p>                                                                                                                                                                                            |                      |         |                                                   | <p>Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=preston@nktelco.net,O=the new knoxville, =New Knoxville OH 45871-0219, Date:5/17/2017</p> |         |
| <p>Date: <b>5/17/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Printed name of Authorized Officer: <b>Preston Meyer</b></p>                                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Title or position of Authorized Officer: <b>Sales Manager/Chief Operating Officer</b></p>                                                                                                                                                            |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Telephone number of Authorized Officer: <b>419-753-2457</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>300639</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                  | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                          |         |

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| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                         |  |
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| <p>Name of Reporting Carrier: <b>THE NOVA TEL CO</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Signature of Authorized Officer: <b>Charles Mattingly</b></p>                                                                                                                                                                                        |                      |  |                                                   | <p>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=the nova tel co,l=Judson TX 75660, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Charles Mattingly</b></p>                                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Telephone number of Authorized Officer: <b>903-663-0099</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>300644</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                 |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                         |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                |         |
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| <p>Name of Reporting Carrier: <b>ORWELL TEL CO</b></p>                                                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Signature of Authorized Officer: <b>Michael Skrivan</b></p>                                                                                                                                                                                          |                      |         |                                                   | <p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=orwell tel co,lc=, Date:5/24/2017</small></p> <p>Date: <b>5/24/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Michael Skrivan</b></p>                                                                                                                                                                                       |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Title or position of Authorized Officer: <b>Vice-President Regulatory</b></p>                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Telephone number of Authorized Officer: <b>207-535-4150</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>300649</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                        | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                                |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                   |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                   |         |
| <p>Name of Reporting Carrier: <b>OTTOVILLE MUTUAL</b></p>                                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                                   |         |
| <p>Signature of Authorized Officer: <b>William Honigford</b></p>                                                                                                                                                                                        |                      |         |                                                   | <p>Digitally signed by William Honigford DN:cn=William Honigford,email=billh@ottovillemutual.com,O=ottoville mutual,l=Ottoville OH 45876-0427, Date:5/18/2017</p> |         |
| <p>Date: <b>5/18/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                   |         |
| <p>Printed name of Authorized Officer: <b>William Honigford</b></p>                                                                                                                                                                                     |                      |         |                                                   |                                                                                                                                                                   |         |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                                                   |         |
| <p>Telephone number of Authorized Officer: <b>419-453-3324</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                   |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>300650</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                           | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                   |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

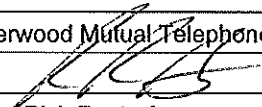
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                    |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                                    |         |
| <p>Name of Reporting Carrier: <b>PATTERSONVILLE TEL</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                                                    |         |
| <p>Signature of Authorized Officer: <b>Aaron Jones</b></p>                                                                                                                                                                                              |                      |         |                                                   | <p>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,lc=Carrollton OH 44615, Date:5/30/2017</p> <p>Date: <b>5/30/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Aaron Jones</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                                    |         |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                                    |         |
| <p>Telephone number of Authorized Officer: <b>330-895-4391</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                                    |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>300651</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                            | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                                    |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                           |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Name of Reporting Carrier: <b>RIDGEVILLE TEL CO</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Signature of Authorized Officer: <b>Matthew Eggers</b></p>                                                                                                                                                                                           |                      |         |                                                   | <p>Digitally signed by Matthew Eggers DN:cn=Matthew Eggers,email=olg1355@bright.net,O=ridgeville tel co,l=Ridgeville Corners OH 43555, Date:5/16/2017</p> |         |
| <p>Date: <b>5/16/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Printed name of Authorized Officer: <b>Matthew Eggers</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Title or position of Authorized Officer: <b>President, Board of Directors</b></p>                                                                                                                                                                    |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Telephone number of Authorized Officer: <b>419-267-5185</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>300654</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                   | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                           |         |



TO BE COMPLETED BY THE REPORTING CARRIER,

|                                                                                                                                                                                                                                                         |               |                                               |                        |
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| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |               |                                               |                        |
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |                                               |                        |
| Name of Reporting Carrier <b>Sherwood Mutual Telephone Association, Inc.</b>                                                                                                                                                                            |               |                                               |                        |
| Signature of Authorized Officer                                                                                                                                        |               |                                               | Date <b>05/30/2017</b> |
| Printed name of Authorized Officer <b>Rick Rostorfer</b>                                                                                                                                                                                                |               |                                               |                        |
| Title or position of Authorized Officer <b>General Manager</b>                                                                                                                                                                                          |               |                                               |                        |
| Telephone number of Authorized Officer: <b>(419) 899-2121</b> ext.                                                                                                                                                                                      |               |                                               |                        |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>300656</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>6/16/2017</b>       |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |                                               |                        |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Name of Reporting Carrier: <b>TELEPHONE SERVICE</b></p>                                                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>                                                                                                                                                                                                    |                      |  |                                                   | <p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,lc=US, Date:5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>                                                                                                                                                                                                 |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer: <b>Treasurer</b></p>                                                                                                                                                                                               |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>300659</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                          |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Name of Reporting Carrier: <b>VAUGHNSVILLE TEL CO</b></p>                                                                                                                                                                                            |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Signature of Authorized Officer: <b>Martha Kaplan</b></p>                                                                                                                                                                                            |                      |         |                                                   | <p>Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:5/30/2017</p> |         |
| <p>Date: <b>5/30/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Printed name of Authorized Officer: <b>Martha Kaplan</b></p>                                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Title or position of Authorized Officer: <b>Manager/Secretary/Treasurer</b></p>                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Telephone number of Authorized Officer: <b>419-646-3431</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>300663</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                  | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                          |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Name of Reporting Carrier: <b>BARAGA TEL CO</b></p>                                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Signature of Authorized Officer: <b>Paul Stark</b></p>                                                                                                                                                                                                      |                      |  |                                                   | <p><small>Digitally signed by Paul Stark DN:cn=Paul Stark,email=mikef@up.net,O=baraga tel co,l=Baraga MI 49908, Date:5/30/2017</small></p> <p>Date: <b>5/30/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Paul Stark</b></p>                                                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                               |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer: <b>906-353-6644</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>310675</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

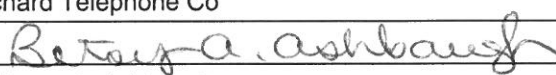
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                               |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                               |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">BARRY COUNTY TEL CO</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                               |  |
| <p>Signature of Authorized Officer: <span style="color: blue;"><b>David Stoll</b></span></p>                                                                                                                                                                   |                                          |  |                                                   | <p><small>Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,l=Delton MI 49046, Date:5/22/2017</small></p> <p>Date: <span style="color: blue;">5/22/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">David Stoll</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                               |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">GM/CEO</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                               |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">269-623-9971</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                               |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">310676</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                               |  |



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Carr Telephone Company

Signature of Authorized Officer *Teresa Bogner* Date 05/18/2017

Printed name of Authorized Officer Teresa Bogner

Title or position of Authorized Officer Secretary

Telephone number of Authorized Officer: (231) 898-2244 ext.

|                                      |        |                                               |           |
|--------------------------------------|--------|-----------------------------------------------|-----------|
| Study Area Code of Reporting Carrier | 310683 | Filing Due Date for this form<br>(mm/dd/yyyy) | 6/16/2017 |
|--------------------------------------|--------|-----------------------------------------------|-----------|

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |  |                                            |                  |                        |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |  |                                            |                  |                        |
| Name of Reporting Carrier <u>Deerfield Farmers Telephone Co.</u>                                                                                                                                                                                 |  |                                            |                  |                        |
| Signature of Authorized Officer <u>[Signature]</u>                                                                                                                                                                                               |  |                                            |                  | Date <u>05/18/2017</u> |
| Printed name of Authorized Officer <u>David La Rocca</u>                                                                                                                                                                                         |  |                                            |                  |                        |
| Title or position of Authorized Officer <u>President</u>                                                                                                                                                                                         |  |                                            |                  |                        |
| Telephone number of Authorized Officer: <u>734,279-5510</u> ext. _____                                                                                                                                                                           |  |                                            |                  |                        |
| Study Area Code of Reporting Carrier <u>310691</u>                                                                                                                                                                                               |  | Filing Due Date for this form (mm/dd/yyyy) | <u>6/16/2017</u> |                        |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |                                            |                  |                        |

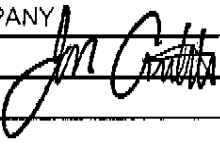
TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                        |        |                                            |         |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                    |        |                                            |         |
| Name of Reporting Carrier Chapin Telephone Company                                                                                                                                                                                              |        |                                            |         |
| Signature of Authorized Officer <i>Laurie S. Ringle</i>                                                                                                                                                                                         |        | Date 5/32/17                               |         |
| Printed name of Authorized Officer Laurie S. Ringle                                                                                                                                                                                             |        |                                            |         |
| Title or position of Authorized Officer Treasurer                                                                                                                                                                                               |        |                                            |         |
| Telephone number of Authorized Officer: (989) 661-2476 ext                                                                                                                                                                                      |        |                                            |         |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                            | 310694 | Filing Due Date for this form (mm/dd/yyyy) | 5/30/17 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 |        |                                            |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

|                                         |                                                                                   |                                            |                 |
|-----------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------|-----------------|
| Name of Reporting Carrier               | KALEVA TELEPHONE COMPANY                                                          |                                            |                 |
| Signature of Authorized Officer         |  |                                            | Date 05/26/2017 |
| Printed name of Authorized Officer      | JON W. CRIBBS                                                                     |                                            |                 |
| Title or position of Authorized Officer | PRESIDENT                                                                         |                                            |                 |
| Telephone number of Authorized Officer: | (231) 362-3111, ext.                                                              |                                            |                 |
| Study Area Code of Reporting Carrier    | 310703                                                                            | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017       |

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ACE TEL OF MICHIGAN</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Todd Roesler</span></p>                                                                                                                                                                         |                                          |  |                                                   | <p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel of michigan,l=Houston MN 55943-0360, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Todd Roesler</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">507-896-6292</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">310704</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                                     |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |



TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                            |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                            |         |
| <p>Name of Reporting Carrier: <b>MIDWAY TEL CO</b></p>                                                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                            |         |
| <p>Signature of Authorized Officer: <b>Camie Nebel-Conklin</b></p>                                                                                                                                                                                      |                      |         |                                                   | <p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel co, Inc., Date:5/18/2017</p> |         |
| <p>Date: <b>5/18/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                            |         |
| <p>Printed name of Authorized Officer: <b>Camie Nebel-Conklin</b></p>                                                                                                                                                                                   |                      |         |                                                   |                                                                                                                                            |         |
| <p>Title or position of Authorized Officer: <b>Vice President/Chief Financial Officer</b></p>                                                                                                                                                           |                      |         |                                                   |                                                                                                                                            |         |
| <p>Telephone number of Authorized Officer: <b>906-387-9911</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                            |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>310711</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                    | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                            |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                              |  |
| <p>Name of Reporting Carrier: <b>HIAWATHA TEL CO</b></p>                                                                                                                                                                                                |               |  |                                            |                                                                                                                                              |  |
| <p>Signature of Authorized Officer: <b>Camie Nebel-Conklin</b></p>                                                                                                                                                                                      |               |  |                                            | <p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co, Inc., Date:5/18/2017</p> |  |
| <p>Date: <b>5/18/2017</b></p>                                                                                                                                                                                                                           |               |  |                                            |                                                                                                                                              |  |
| <p>Printed name of Authorized Officer: <b>Camie Nebel-Conklin</b></p>                                                                                                                                                                                   |               |  |                                            |                                                                                                                                              |  |
| <p>Title or position of Authorized Officer: <b>Vice President/Chief Financial Officer</b></p>                                                                                                                                                           |               |  |                                            |                                                                                                                                              |  |
| <p>Telephone number of Authorized Officer: <b>906-387-9911</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                              |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>310713</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                             |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                              |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Ogden Telephone Company

Signature of Authorized Officer

*Linda K. Corie*

Date 05/16/2017

Printed name of Authorized Officer Linda K. Corie

Title or position of Authorized Officer Secretary-Treasurer

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

Study Area Code of Reporting Carrier 310714

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

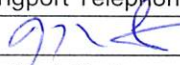
TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                   |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                   |         |
| <p>Name of Reporting Carrier: <b>PIGEON TEL CO</b></p>                                                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                   |         |
| <p>Signature of Authorized Officer: <b>Neal Eichler</b></p>                                                                                                                                                                                             |                      |         |                                                   | <p>Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel co,l=Pigeon MI 48755, Date:5/26/2017</p> |         |
| <p>Date: <b>5/26/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                   |         |
| <p>Printed name of Authorized Officer: <b>Neal Eichler</b></p>                                                                                                                                                                                          |                      |         |                                                   |                                                                                                                                   |         |
| <p>Title or position of Authorized Officer: <b>Vice President</b></p>                                                                                                                                                                                   |                      |         |                                                   |                                                                                                                                   |         |
| <p>Telephone number of Authorized Officer: <b>989-453-4391</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                   |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>310721</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                           | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                   |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

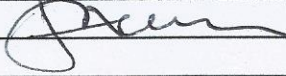
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Name of Reporting Carrier: <b>SAND CREEK TEL CO</b></p>                                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Signature of Authorized Officer: <b>Harvey Souders</b></p>                                                                                                                                                                                           |                      |  |                                                   | <p>Digitally signed by Harvey Souders DN:cn=Harvey Souders,email=souders@sandcreektelco.com,O=sand creek tel co,l=Sand Creek MI 49279-0066,<br/>Date:5/26/2017</p> |  |
| <p>Date: <b>5/26/2017</b></p>                                                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Printed name of Authorized Officer: <b>Harvey Souders</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Telephone number of Authorized Officer: <b>517-436-3130</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                    |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>310725</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                            |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                    |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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



TO BE COMPLETED BY THE REPORTING CARRIER,

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| <p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>                                                                                                                                                                  |                      |                                                       |                             |
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |                                                       |                             |
| <p>Name of Reporting Carrier <u>Upper Peninsula Telephone Company</u></p>                                                                                                                                                                               |                      |                                                       |                             |
| <p>Signature of Authorized Officer </p>                                                                                                                                |                      |                                                       | <p>Date <u>05-30-17</u></p> |
| <p>Printed name of Authorized Officer <u>John Aoki</u></p>                                                                                                                                                                                              |                      |                                                       |                             |
| <p>Title or position of Authorized Officer <u>Treasurer</u></p>                                                                                                                                                                                         |                      |                                                       |                             |
| <p>Telephone number of Authorized Officer: <u>(801) 589-7790</u> ext. <u>        </u></p>                                                                                                                                                               |                      |                                                       |                             |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><u>310732</u></p> | <p>Filing Due Date for this form<br/>(mm/dd/yyyy)</p> | <p><u>6/16/2017</u></p>     |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |                                                       |                             |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

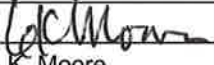
TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                                |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                                |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ACE-MI OLD MISSION</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                                                |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Todd Roesler</span></p>                                                                                                                                                                         |                                          |  |                                                   | <p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi old mission,l=Houston MN 55943-0360, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Todd Roesler</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                                |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                                |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">507-896-6292</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                                |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">310777</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                                    |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                                |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                                |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                                |  |
| <p>Name of Reporting Carrier: <b>BLOOMINGDALE HOME</b></p>                                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                                                |  |
| <p>Signature of Authorized Officer: <b>Ronja Branson</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomi<br/>ngdale home, =Bloomingdale IN 47832, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Ronja Branson</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                                |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                                |  |
| <p>Telephone number of Authorized Officer: <b>765-498-2000</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                                |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>320742</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                        |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                                |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CLAY DBA ENDEAVOR</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Darin LaCoursiere</span></p>                                                                                                                                                                    |                                          |  |                                                   | <p><small>Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darinf@weEndeavor.com,O=clay dba endeavor,l=Cloverdale IN 46120-0237, Date:5/22/2017</small></p> |  |
| <p>Date: <span style="color: blue;">5/22/2017</span></p>                                                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Darin LaCoursiere</span></p>                                                                                                                                                                 |                                          |  |                                                   |                                                                                                                                                                                |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President and CEO</span></p>                                                                                                                                                            |                                          |  |                                                   |                                                                                                                                                                                |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">765-795-4261</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">320753</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                    |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">DAVIESS-MARTIN/RTC</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Signature of Authorized Officer: <span style="color: blue;"><b>David Redman</b></span></p>                                                                                                                                                                  |                                          |  |                                                   | <p><small>Digitally signed by David Redman DN:cn=David Redman,email=dredman@purdue.edu,O=daviess-martin/rtc,l=Montgomery IN 47558, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">David Redman</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Board President</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">812-486-3211</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">320759</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                            |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                        |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |        |  |                                            |                                                                                                                                                                                                     |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |        |  |                                            |                                                                                                                                                                                                     |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">GEETINGSVILLE TEL CO</span></p>                                                                                                                                                                |        |  |                                            |                                                                                                                                                                                                     |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Steve Scott</span></p>                                                                                                                                                |        |  |                                            | <p><small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,l=, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Steve Scott</span></p>                                                                                                                                                                |        |  |                                            |                                                                                                                                                                                                     |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>                                                                                                                                                       |        |  |                                            |                                                                                                                                                                                                     |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">765-258-3111</span></p>                                                                                                                                                           |        |  |                                            |                                                                                                                                                                                                     |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | 320771 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017                                                                                                                                                                                           |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |        |  |                                            |                                                                                                                                                                                                     |  |

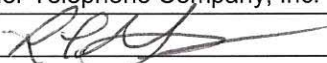
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Ligonier Telephone Company, Inc.

Signature of Authorized Officer



Date 05/25/2017

Printed name of Authorized Officer Randy Mead

Title or position of Authorized Officer EVP/General Manager

Telephone number of Authorized Officer: (260) 894-7161 ext.

Study Area Code of Reporting Carrier

320783

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

6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                            |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                            |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MONON TEL CO</span></p>                                                                                                                                                                               |                                          |  |                                                   |                                                                                                                                                                                                            |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Bruce Hanway</span></p>                                                                                                                                                                         |                                          |  |                                                   | <p><small>Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel co,l=Monon IN 47959, Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Hanway</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                            |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                            |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">219-253-6601</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                            |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">320790</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                            |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                              |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                              |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">NEW LISBON TEL CO</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                              |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Greene</span></p>                                                                                                                                                       |                                          |  |                                                   | <p><small>Digitally signed by John Greene DN:cn=John Greene,email=john.greene@nlbc.com,O=new lisbon tel co,l=New Lisbon IN 47366, Date:5/17/2017</small></p> |  |
| <p>Date: <span style="color: blue;">5/17/2017</span></p>                                                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                              |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">John Greene</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                              |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                              |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">765-332-2413</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                              |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">320796</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                              |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <b>NEW PARIS TEL INC</b></p>                                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <b>Paul Penrose</b></p>                                                                                                                                                                                             |                      |  |                                                   | <p>Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel inc,l=New Paris IN 46553-0047, Date:5/30/2017</p> |  |
| <p>Date: <b>5/30/2017</b></p>                                                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                   |  |
| <p>Printed name of Authorized Officer: <b>Paul Penrose</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <b>CFO</b></p>                                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <b>574-831-7115</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>320797</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                           |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                           |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Name of Reporting Carrier: <b>PULASKI-WHITE RURAL</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Signature of Authorized Officer: <b>Brent Gillum</b></p>                                                                                                                                                                                             |                      |  |                                                   | <p>Digitally signed by Brent Gillum DN:cn=Brent Gillum,email=bgillum@pwrct.net,O=pulaski-white rural,l=Buffalo IN 47925, Date:5/23/2017</p> <p>Date: <b>5/23/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Brent Gillum</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Title or position of Authorized Officer: <b>Interim President/CEO</b></p>                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Telephone number of Authorized Officer: <b>574-278-7121</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>320813</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                           |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                 |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Name of Reporting Carrier: <b>ROCHESTER TEL CO</b></p>                                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Signature of Authorized Officer: <b>Greta Lynch</b></p>                                                                                                                                                                                              |                      |         |                                                   | <p>Digitally signed by Greta Lynch DN:cn=Greta Lynch,email=greta.lynych@rtc1.com,O=rochester tel co,l=Rochester IN 46975-0507, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Greta Lynch</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Title or position of Authorized Officer: <b>VP-Finance</b></p>                                                                                                                                                                                       |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Telephone number of Authorized Officer: <b>574-223-0238</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>320815</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                         | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                                 |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                                |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                                |  |
| <p>Name of Reporting Carrier: <b>SWEETSER RURAL TEL</b></p>                                                                                                                                                                                             |               |  |                                            |                                                                                                                                                |  |
| <p>Signature of Authorized Officer: <b>Scott Winger</b></p>                                                                                                                                                                                             |               |  |                                            | <p>Digitally signed by Scott Winger DN:cn=Scott Winger,email=sawinger@comteck.com,O=sweetser rural tel,l=Sweetser IN 46987, Date:5/23/2017</p> |  |
| <p>Date: <b>5/23/2017</b></p>                                                                                                                                                                                                                           |               |  |                                            |                                                                                                                                                |  |
| <p>Printed name of Authorized Officer: <b>Scott Winger</b></p>                                                                                                                                                                                          |               |  |                                            |                                                                                                                                                |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |               |  |                                            |                                                                                                                                                |  |
| <p>Telephone number of Authorized Officer: <b>765-384-4311</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                                |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>320827</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                               |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                                |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                       |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Name of Reporting Carrier: <b>YEOMAN TEL CO, INC</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Signature of Authorized Officer: <b>David Blacker</b></p>                                                                                                                                                                                            |                      |         |                                                   | <p><small>Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel co, inc, Date:5/24/2017</small></p> <p>Date: <b>5/24/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>David Blacker</b></p>                                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Telephone number of Authorized Officer: <b>574-965-2100</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>320839</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                               | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                       |         |


TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                              |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                              |         |
| <p>Name of Reporting Carrier: <b>AMERY TELCOM, INC.</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                              |         |
| <p>Signature of Authorized Officer: <b>Michael Jensen</b></p>                                                                                                                                                                                           |                      |         |                                                   | <p>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc., Date:5/25/2017</p> <p>Date: <b>5/25/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Michael Jensen</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                              |         |
| <p>Title or position of Authorized Officer: <b>President &amp; General Manager</b></p>                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                                              |         |
| <p>Telephone number of Authorized Officer: <b>715-268-7101</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                              |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>330842</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                      | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                              |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">AMHERST TEL CO</span></p>                                                                                                                                                                             |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Signature of Authorized Officer: <span style="color: blue;"><b>Carl Bohman</b></span></p>                                                                                                                                                                   |                                          |  |                                                   | <p><small>Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=carlb@tvalleycom.com,O=amherst tel co,l=Amherst WI 54406-0279, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Carl Bohman</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President &amp; General Manager</span></p>                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">715-824-5529</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">330843</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                          |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                      |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

|                                                                                                                                                                                                                                                  |               |                                               |                        |
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| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                  |               |                                               |                        |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                               |                        |
| Name of Reporting Carrier <b>BALDWIN TELECOM, INC.</b>                                                                                                                                                                                           |               |                                               |                        |
| Signature of Authorized Officer                                                                                                                                 |               |                                               | Date <b>05/26/2017</b> |
| Printed name of Authorized Officer <b>DAVID MATTISON</b>                                                                                                                                                                                         |               |                                               |                        |
| Title or position of Authorized Officer <b>PRESIDENT</b>                                                                                                                                                                                         |               |                                               |                        |
| Telephone number of Authorized Officer: <b>(715) 684-3346</b> ext. _____                                                                                                                                                                         |               |                                               |                        |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <b>330846</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>6/16/2017</b>       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                               |                        |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                            |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Name of Reporting Carrier: <b>BERGEN TEL CO</b></p>                                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Signature of Authorized Officer: <b>Brad Ellefson</b></p>                                                                                                                                                                                                   |                      |  |                                                   | <p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel co,l=Sharon WI 53585, Date:5/30/2017</small></p> <p>Date: <b>5/30/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Brad Ellefson</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                               |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Telephone number of Authorized Officer: <b>262-736-9981</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>330848</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                    |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                            |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                         |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Name of Reporting Carrier: <b>CHEQUAMEGON COM COOP</b></p>                                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Signature of Authorized Officer: <b>Ray Schindler</b></p>                                                                                                                                                                                                   |                      |  |                                                   | <p><small>Digitally signed by Ray Schindler DN: cn=Ray Schindler, email=rschindler@norvado.com, O=chequamegon com coop,   = , Date: 5/19/2017</small></p> <p>Date: <b>5/19/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Ray Schindler</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>                                                                                                                                                                                 |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Telephone number of Authorized Officer: <b>715-798-3303</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                         |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>330860</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                 |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                         |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                              |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                              |  |
| <p>Name of Reporting Carrier: <b>COON VALLEY FARMERS</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                              |  |
| <p>Signature of Authorized Officer: <b>Carol Olson</b></p>                                                                                                                                                                                              |                      |  |                                                   | <p>Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers,l=Coon Valley WI 54623-0398, Date:5/17/2017</p> |  |
| <p>Date: <b>5/17/2017</b></p>                                                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                              |  |
| <p>Printed name of Authorized Officer: <b>Carol Olson</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                              |  |
| <p>Title or position of Authorized Officer: <b>Assistant Secretary Treasurer</b></p>                                                                                                                                                                    |                      |  |                                                   |                                                                                                                                              |  |
| <p>Telephone number of Authorized Officer: <b>608-452-3101</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                              |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>330868</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                      |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                              |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LAKEFIELD TEL CO</span></p>                                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Robert Webb</span></p>                                                                                                                                                                          |                                          |  |                                                   | <p><small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=lakefield tel co,l=Green Bay WI 54307-9079, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Robert Webb</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Vice President/COO</span></p>                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">920-617-7351</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">330896</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                             |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                         |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                                |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                                |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LEMONWEIR VALLEY TEL</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                                                |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Donna Rezin</span></p>                                                                                                                                                       |                                          |  |                                                   | <p><small>Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=Donna.Rezin@getlynxx.com,O=lemonweir valley tel,l=Camp Douglas WI 54618, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Donna Rezin</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                                                |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>                                                                                                                                                                    |                                          |  |                                                   |                                                                                                                                                                                                                                |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">608-427-6515</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                                |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">330900</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                                    |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                                |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |               |                                            |                     |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                            |                     |
| Name of Reporting Carrier <i>MANAWA Telephone Company</i>                                                                                                                                                                                        |               |                                            |                     |
| Signature of Authorized Officer <i>Greg Krings</i>                                                                                                                                                                                               |               |                                            | Date <i>5-16-17</i> |
| Printed name of Authorized Officer <i>Greg Krings</i>                                                                                                                                                                                            |               |                                            |                     |
| Title or position of Authorized Officer <i>Treasurer</i>                                                                                                                                                                                         |               |                                            |                     |
| Telephone number of Authorized Officer: <i>(715) 421-8129 ext.</i>                                                                                                                                                                               |               |                                            |                     |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <i>330905</i> | Filing Due Date for this form (mm/dd/yyyy) | <i>6/16/2017</i>    |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                            |                     |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                         |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                                         |         |
| <p>Name of Reporting Carrier: <b>MARQUETTE-ADAMS COOP</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                                         |         |
| <p>Signature of Authorized Officer: <b>Jerry Schneider</b></p>                                                                                                                                                                                          |                      |         |                                                   | <p>Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquett e-adams coop,l=Oxford WI 53952, Date:5/26/2017</p> <p>Date: <b>5/26/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Jerry Schneider</b></p>                                                                                                                                                                                       |                      |         |                                                   |                                                                                                                                                                                         |         |
| <p>Title or position of Authorized Officer: <b>CEO &amp; General Manager</b></p>                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                                         |         |
| <p>Telephone number of Authorized Officer: <b>608-586-4111</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                                         |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>330908</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                 | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                                         |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                 |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Name of Reporting Carrier: <b>LAKELAND-MILLTOWN</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Signature of Authorized Officer: <b>Crystal Morley</b></p>                                                                                                                                                                                           |                      |         |                                                   | <p>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland-milltown,I=Milltown WI 54858, Date:5/17/2017</p> <p>Date: <b>5/17/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Crystal Morley</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Title or position of Authorized Officer: <b>Accounting Manager</b></p>                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Telephone number of Authorized Officer: <b>715-825-5105</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>330910</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                         | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                                 |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                      |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                                          |  |                                                   |                                                                                                                                                      |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">NELSON COMM COOP</span></p>                                                                                                                                                                    |                                          |  |                                                   |                                                                                                                                                      |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Christy Berger</span></p>                                                                                                                                                                |                                          |  |                                                   | <p>Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@nelson-tel.net,O=nelson comm coop, Durand WI 54736-0228, Date:5/17/2017</p> |  |
| <p>Date: <span style="color: blue;">5/17/2017</span></p>                                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                      |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Christy Berger</span></p>                                                                                                                                                             |                                          |  |                                                   |                                                                                                                                                      |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President</span></p>                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                      |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">715-672-4204</span></p>                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                      |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <span style="color: blue;">330918</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                          |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                                          |  |                                                   |                                                                                                                                                      |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                             |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                             |         |
| <p>Name of Reporting Carrier: <b>NIAGARA TEL CO</b></p>                                                                                                                                                                                                 |                      |         |                                                   |                                                                                                                                                                             |         |
| <p>Signature of Authorized Officer: <b>Robert Webb</b></p>                                                                                                                                                                                              |                      |         |                                                   | <p>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=niagara tel co,l=Green Bay WI 54307-9079, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Robert Webb</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                             |         |
| <p>Title or position of Authorized Officer: <b>Vice President/COO</b></p>                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                                             |         |
| <p>Telephone number of Authorized Officer: <b>920-617-7351</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                             |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>330920</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                     | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                             |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                 |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                 |         |
| <p>Name of Reporting Carrier: <b>NORTHEAST TEL CO</b></p>                                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                 |         |
| <p>Signature of Authorized Officer: <b>Robert Webb</b></p>                                                                                                                                                                                              |                      |         |                                                   | <p>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=northeast tel co,l=Green Bay WI 54307-9079, Date:5/16/2017</p> |         |
| <p>Date: <b>5/16/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                 |         |
| <p>Printed name of Authorized Officer: <b>Robert Webb</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                 |         |
| <p>Title or position of Authorized Officer: <b>Vice President/COO</b></p>                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                 |         |
| <p>Telephone number of Authorized Officer: <b>920-617-7351</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                 |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>330938</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                         | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                 |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |         |                                                   |                                                                                                                                                                                      |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |         |                                                   |                                                                                                                                                                                      |         |
| <p>Name of Reporting Carrier: <b>RICHLAND-GRANT COOP</b></p>                                                                                                                                                                                                   |                      |         |                                                   |                                                                                                                                                                                      |         |
| <p>Signature of Authorized Officer: <b>John Bartz</b></p>                                                                                                                                                                                                      |                      |         |                                                   | <p><small>Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mwt.net,O=richland-grant coop,l=Blue River WI 53518, Date:5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>John Bartz</b></p>                                                                                                                                                                                                   |                      |         |                                                   |                                                                                                                                                                                      |         |
| <p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>                                                                                                                                                                                     |                      |         |                                                   |                                                                                                                                                                                      |         |
| <p>Telephone number of Authorized Officer: <b>608-537-2461</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                                                      |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>330942</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                              | <p></p> |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |         |                                                   |                                                                                                                                                                                      |         |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                            |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Name of Reporting Carrier: <b>SHARON TEL CO</b></p>                                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Signature of Authorized Officer: <b>Brad Ellefson</b></p>                                                                                                                                                                                                   |                      |  |                                                   | <p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel co,l=Sharon WI 53585, Date:5/30/2017</small></p> <p>Date: <b>5/30/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Brad Ellefson</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                               |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Telephone number of Authorized Officer: <b>262-736-9981</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>330946</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                    |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                            |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                  |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                  |         |
| <p>Name of Reporting Carrier: <b>SIREN TEL CO, INC</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                  |         |
| <p>Signature of Authorized Officer: <b>Sid Sherstad</b></p>                                                                                                                                                                                             |                      |         |                                                   | <p>Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel co, inc,l=Siren WI 54872-0426, Date:5/17/2017</p> |         |
| <p>Date: <b>5/17/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                  |         |
| <p>Printed name of Authorized Officer: <b>Sid Sherstad</b></p>                                                                                                                                                                                          |                      |         |                                                   |                                                                                                                                                  |         |
| <p>Title or position of Authorized Officer: <b>Vice President</b></p>                                                                                                                                                                                   |                      |         |                                                   |                                                                                                                                                  |         |
| <p>Telephone number of Authorized Officer: <b>715-349-2224</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                  |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>330949</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                          | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                  |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                                      |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                                      |  |
| <p>Name of Reporting Carrier: <b>SPRING VALLEY TEL CO</b></p>                                                                                                                                                                                           |               |  |                                            |                                                                                                                                                      |  |
| <p>Signature of Authorized Officer: <b>Carol Anderson</b></p>                                                                                                                                                                                           |               |  |                                            | <p>Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel co,l=Spring Valley WI 54767, Date:5/17/2017</p> |  |
| <p>Date: <b>5/17/2017</b></p>                                                                                                                                                                                                                           |               |  |                                            |                                                                                                                                                      |  |
| <p>Printed name of Authorized Officer: <b>Carol Anderson</b></p>                                                                                                                                                                                        |               |  |                                            |                                                                                                                                                      |  |
| <p>Title or position of Authorized Officer: <b>Assistant Manager/Assistant Secretary</b></p>                                                                                                                                                            |               |  |                                            |                                                                                                                                                      |  |
| <p>Telephone number of Authorized Officer: <b>715-778-4433</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                                      |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>330953</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                                     |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                                      |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                              |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                              |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">TRI-COUNTY COMM COOP</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                              |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Cheryl Rue</span></p>                                                                                                                                                        |                                          |  |                                                   | <p><small>Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county comm coop,l=Strum WI 54770, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Cheryl Rue</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                              |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                              |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">715-695-2691</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                              |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">330960</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                              |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                       |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                       |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">VERNON COMM. COOP.</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                                       |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Rodney Olson</span></p>                                                                                                                                                      |                                          |  |                                                   | <p><small>Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon comm. coop.,l=Westby WI 54667, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Rodney Olson</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                       |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO &amp; General Manager</span></p>                                                                                                                                                    |                                          |  |                                                   |                                                                                                                                                                                                                       |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">608-634-7421</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                       |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">330966</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                           |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                       |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WITTENBERG TEL CO</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Linda Garbelman</span></p>                                                                                                                                                                      |                                          |  |                                                   | <p><small>Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@cirrinity.net,O=wittenberg tel co,l=Wittenberg WI 54499, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Linda Garbelman</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CFO/Treasurer</span></p>                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">715-253-2115</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">330973</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                                       |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |               |                                            |                     |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                            |                     |
| Name of Reporting Carrier <u>Wood County Telephone Company</u>                                                                                                                                                                                   |               |                                            |                     |
| Signature of Authorized Officer <u>Greg Krings</u>                                                                                                                                                                                               |               |                                            | Date <u>5-16-17</u> |
| Printed name of Authorized Officer <u>Greg Krings</u>                                                                                                                                                                                            |               |                                            |                     |
| Title or position of Authorized Officer <u>ASST Secretary / Treasurer</u>                                                                                                                                                                        |               |                                            |                     |
| Telephone number of Authorized Officer: <u>715 421-8129</u> ext.                                                                                                                                                                                 |               |                                            |                     |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <u>330974</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>6/16/2017</u>    |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                            |                     |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                     |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Name of Reporting Carrier: <b>ALHAMBRA-GRANTFORK</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Signature of Authorized Officer: <b>Kevin Osterbur</b></p>                                                                                                                                                                                           |                      |  |                                                   | <p>Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork, =Alhambra IL 62001-0207, Date:5/26/2017</p> <p>Date: <b>5/26/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Kevin Osterbur</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Title or position of Authorized Officer: <b>Manager</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Telephone number of Authorized Officer: <b>618-488-2165</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>340978</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                             |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                     |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |         |                                                   |                                                                                                                                                                                 |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Name of Reporting Carrier: <b>CASS TEL CO</b></p>                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Signature of Authorized Officer: <b>Tom Allen</b></p>                                                                                                                                                                                                       |                      |         |                                                   | <p><small>Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,l=Virginia IL 62691, Date:5/24/2017</small></p> <p>Date: <b>5/24/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Tom Allen</b></p>                                                                                                                                                                                                    |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Title or position of Authorized Officer: <b>Vice President/Chief Operating Officer</b></p>                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Telephone number of Authorized Officer: <b>217-452-7800</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                                                 |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>340984</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                         | <p></p> |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |         |                                                   |                                                                                                                                                                                 |         |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Clarksville Mutual Telephone Company**

Signature of Authorized Officer *Patricia Rhoads*

Date **5/23/2017**

Printed name of Authorized Officer **Patricia Rhoads**

Title or position of Authorized Officer **Secretary/Treasurer**

Telephone number of Authorized Officer: **(217) 889-3822**, ext.

Study Area Code of Reporting Carrier

**340990**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                   |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                   |         |
| <p>Name of Reporting Carrier: <b>CROSSVILLE TEL CO</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                   |         |
| <p>Signature of Authorized Officer: <b>Chris Birkla</b></p>                                                                                                                                                                                             |                      |         |                                                   | <p>Digitally signed by Chris Birkla DN:cn=Chris Birkla,email=cbirkla@crosstelco.com,O=crossville tel co,l=Crossville IL 62827, Date:5/16/2017</p> |         |
| <p>Date: <b>5/16/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                   |         |
| <p>Printed name of Authorized Officer: <b>Chris Birkla</b></p>                                                                                                                                                                                          |                      |         |                                                   |                                                                                                                                                   |         |
| <p>Title or position of Authorized Officer: <b>Assistant Secretary/Treasurer/General Mg</b></p>                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                   |         |
| <p>Telephone number of Authorized Officer: <b>618-966-2196</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                   |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>340993</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                           | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                   |         |



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |         |                                                   |                                                                                                                                                                                    |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |         |                                                   |                                                                                                                                                                                    |         |
| <p>Name of Reporting Carrier: <b>EL PASO TEL CO</b></p>                                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                                    |         |
| <p>Signature of Authorized Officer: <b>Michael Skrivan</b></p>                                                                                                                                                                                                 |                      |         |                                                   | <p><small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=el paso tel co, Inc., Date: 5/25/2017</small></p> <p>Date: <b>5/25/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Michael Skrivan</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                                    |         |
| <p>Title or position of Authorized Officer: <b>Vice-President Regulatory</b></p>                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                                                    |         |
| <p>Telephone number of Authorized Officer: <b>207-535-4150</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                                                    |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>341004</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                            | <p></p> |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |         |                                                   |                                                                                                                                                                                    |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

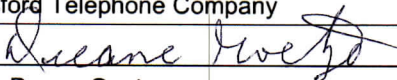
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Glasford Telephone Company**

Signature of Authorized Officer



Date **5/24/2017**

Printed name of Authorized Officer **Duane Goetze**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(309) 389-2111**, ext.

Study Area Code of Reporting Carrier

**341017**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |               |                                            |                       |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                            |                       |
| Name of Reporting Carrier <u>Grandview Mutual Telephone</u>                                                                                                                                                                                      |               |                                            |                       |
| Signature of Authorized Officer <u>Angela Tate</u>                                                                                                                                                                                               |               |                                            | Date <u>5-26-2017</u> |
| Printed name of Authorized Officer <u>Angela Tate</u>                                                                                                                                                                                            |               |                                            |                       |
| Title or Position of Authorized Officer <u>TREASURER</u>                                                                                                                                                                                         |               |                                            |                       |
| Telephone number of Authorized Officer: <u>(217) 942-4101 ext.</u>                                                                                                                                                                               |               |                                            |                       |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <u>341021</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>6/16/2017</u>      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                            |                       |



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                              |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                              |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">HAMILTON COUNTY TEL</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                              |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kevin Pyle</span></p>                                                                                                                                                        |                                          |  |                                                   | <p><small>Digitally signed by Kevin Pyle DN:cn=Kevin Pyle,email=kevinp@hamiltoncom.net,O=hamilton county tel,l=Dahlgren IL 62828, Date:5/16/2017</small></p> |  |
| <p>Date: <span style="color: blue;">5/16/2017</span></p>                                                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                              |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Pyle</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                              |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                              |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">618-736-2211</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                              |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">341024</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                              |  |

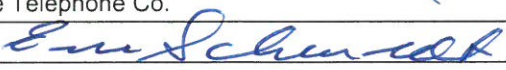
TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                   |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                   |         |
| <p>Name of Reporting Carrier: <b>SHAWNEE TEL. CO.</b></p>                                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                   |         |
| <p>Signature of Authorized Officer: <b>James Grisham</b></p>                                                                                                                                                                                            |                      |         |                                                   | <p>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee tel. co.,l=Equality IL 62934, Date:5/18/2017</p> |         |
| <p>Date: <b>5/18/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                   |         |
| <p>Printed name of Authorized Officer: <b>James Grisham</b></p>                                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                   |         |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                   |         |
| <p>Telephone number of Authorized Officer: <b>618-276-4211</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                   |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>341025</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                           | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                   |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                                      |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                                      |  |
| <p>Name of Reporting Carrier: <b>HENRY COUNTY TEL CO</b></p>                                                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                                                      |  |
| <p>Signature of Authorized Officer: <b>Scott Rubins</b></p>                                                                                                                                                                                                    |                      |  |                                                   | <p><small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=henry county tel co,l=Geneseo IL 61254-0330, Date:5/22/2017</small></p> <p>Date: <b>5/22/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Scott Rubins</b></p>                                                                                                                                                                                                 |                      |  |                                                   |                                                                                                                                                                                                      |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                               |                      |  |                                                   |                                                                                                                                                                                                      |  |
| <p>Telephone number of Authorized Officer: <b>309-944-2103</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                                      |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>341029</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                              |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                                      |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <b>KINSMAN MUTUAL TEL</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <b>Michelle Baudino</b></p>                                                                                                                                                                                         |                      |  |                                                   | <p>Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel,l=Kinsman IL 60437, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Michelle Baudino</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <b>815-392-4210</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>341041</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                         |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                 |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                           |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                           |  |
| <p>Name of Reporting Carrier: <b>LA HARPE TEL CO</b></p>                                                                                                                                                                                                       |                      |  |                                                   |                                                                                                                                                                                           |  |
| <p>Signature of Authorized Officer: <b>Todd Irish</b></p>                                                                                                                                                                                                      |                      |  |                                                   | <p><small>Digitally signed by Todd Irish DN:cn=Todd Irish,email=todd@laharpetelephone.com,O=la harpe tel co,l=La Harpe IL 61450, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Todd Irish</b></p>                                                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                                           |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                               |                      |  |                                                   |                                                                                                                                                                                           |  |
| <p>Telephone number of Authorized Officer: <b>217-659-7721</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                           |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>341043</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                           |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                            |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                            |  |
| <p>Name of Reporting Carrier: <b>LEAF RIVER TEL CO</b></p>                                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                            |  |
| <p>Signature of Authorized Officer: <b>Aaron Palmer</b></p>                                                                                                                                                                                             |                      |  |                                                   | <p>Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lmet1.com,O=leaf river tel co,l=Leaf River IL 61047, Date:5/24/2017</p> <p>Date: <b>5/24/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Aaron Palmer</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                            |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                            |  |
| <p>Telephone number of Authorized Officer: <b>815-738-2216</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                            |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>341045</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                    |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                            |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <b>LEONORE MUTUAL TEL</b></p>                                                                                                                                                                                                    |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <b>Donna Naas</b></p>                                                                                                                                                                                                      |                      |  |                                                   | <p><small>Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmte@lmte.net,O=leonore mutual tel,l=Leonore IL 61332, Date:5/30/2017</small></p> <p>Date: <b>5/30/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Donna Naas</b></p>                                                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <b>815-856-3164</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>341046</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                         |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                 |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MCDONOUGH TEL COOP</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jay Griswold</span></p>                                                                                                                                                      |                                          |  |                                                   | <p><small>Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jay@mdtc.net,O=mcdonough tel coop,l=Colchester IL 62326, Date:5/25/2017</small></p> <p>Date: <span style="color: blue;">5/25/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Jay Griswold</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President/CEO</span></p>                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">309-776-3211</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                  |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">341047</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                      |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                  |  |

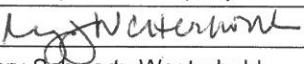
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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| Name of Reporting Carrier <b>Madison Telephone Company</b>                                                        |               |                                            |                        |
| Signature of Authorized Officer  |               |                                            | Date <b>05/26/2017</b> |
| Printed name of Authorized Officer <b>Mary Schwartz Westerhold</b>                                                |               |                                            |                        |
| Title or position of Authorized Officer <b>Vice President/CFO</b>                                                 |               |                                            |                        |
| Telephone number of Authorized Officer: <b>(618) 635-1000</b> , ext.                                              |               |                                            |                        |
| Study Area Code of Reporting Carrier                                                                              | <b>341049</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>       |

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                       |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                                          |  |                                                   |                                                                                                                                                                                                       |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MARSEILLES TEL CO</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                                                                       |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Ann Dickerson</span></p>                                                                                                                                                                 |                                          |  |                                                   | <p>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=marseilles tel co,l=Metamora IL 61548-0800, Date:5/24/2017</p> <p>Date: <span style="color: blue;">5/24/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Ann Dickerson</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                       |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>                                                                                                                                               |                                          |  |                                                   |                                                                                                                                                                                                       |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">309-367-4197</span></p>                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                                                                       |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <span style="color: blue;">341050</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                           |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                                          |  |                                                   |                                                                                                                                                                                                       |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Name of Reporting Carrier: <b>METAMORA TEL CO</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Signature of Authorized Officer: <b>Ann Dickerson</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=metamora tel co,l=Metamora IL 61548-0800, Date:5/24/2017</p> <p>Date: <b>5/24/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Ann Dickerson</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer: <b>309-367-4197</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>341053</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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| Name of Reporting Carrier <i>MONTROSE MUTUAL Tel Co</i>          |                |                                               |                     |
| Signature of Authorized Officer <i>George P. Tays</i>            |                |                                               | Date <i>5-26-17</i> |
| Printed name of Authorized Officer <i>George P. Tays</i>         |                |                                               |                     |
| Title or position of Authorized Officer <i>Sec / Treas / GM</i>  |                |                                               |                     |
| Telephone number of Authorized Officer: <i>217 925 5242 ext.</i> |                |                                               |                     |
| Study Area Code of Reporting Carrier                             | <i>34-1058</i> | Filing Due Date for this form<br>(mm/dd/yyyy) | <i>6/16/2017</i>    |

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Oneida Telephone Exchange**

Signature of Authorized Officer *Gary Peterson*

Date **May 26, 2017**

Printed name of Authorized Officer **Gary Peterson**

Title or position of Authorized Officer **President**

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

Study Area Code of Reporting Carrier **341066**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |        |                                            |           |                 |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |                                            |           |                 |
| Name of Reporting Carrier Reynolds Telephone Company                                                                                                                                                                                             |        |                                            |           |                 |
| Signature of Authorized Officer <i>Grace Ochsner</i>                                                                                                                                                                                             |        |                                            |           | Date 05/19/2017 |
| Printed name of Authorized Officer Grace Ochsner                                                                                                                                                                                                 |        |                                            |           |                 |
| Title or position of Authorized Officer General Manager/ Asst. Treasurer                                                                                                                                                                         |        |                                            |           |                 |
| Telephone number of Authorized Officer: 309)372.4490 ext.                                                                                                                                                                                        |        |                                            |           |                 |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | 341075 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017 |                 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |                                            |           |                 |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Name of Reporting Carrier: <b>TONICA TEL CO</b></p>                                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Signature of Authorized Officer: <b>Lloyd Vogel</b></p>                                                                                                                                                                                              |                      |  |                                                   | <p>Digitally signed by Lloyd Vogel DN:cn=Lloyd Vogel,email=tontel@tonicacom.net,O=tonica tel co,l=Tonica IL 61370-0158, Date:5/17/2017</p> <p>Date: <b>5/17/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Lloyd Vogel</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer: <b>815-442-9901</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>341086</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                               |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                               |  |
| <p>Name of Reporting Carrier: <b>VIOLA HOME TEL CO</b></p>                                                                                                                                                                                              |               |  |                                            |                                                                                                                                               |  |
| <p>Signature of Authorized Officer: <b>Robert Millikan</b></p>                                                                                                                                                                                          |               |  |                                            | <p>Digitally signed by Robert Millikan DN:cn=Robert Millikan,email=wins2@vhtmail.net,O=viola home tel co,l=Viola IL 61486, Date:5/25/2017</p> |  |
| <p>Date: <b>5/25/2017</b></p>                                                                                                                                                                                                                           |               |  |                                            |                                                                                                                                               |  |
| <p>Printed name of Authorized Officer: <b>Robert Millikan</b></p>                                                                                                                                                                                       |               |  |                                            |                                                                                                                                               |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |               |  |                                            |                                                                                                                                               |  |
| <p>Telephone number of Authorized Officer: <b>309-596-2109</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                               |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>341087</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                              |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                               |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WABASH COMM CO-OP</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Barry Adair</span></p>                                                                                                                                                       |                                          |  |                                                   | <p><small>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=wabash comm co-op,l=Louisville IL 62858, Date:5/16/2017</small></p> <p>Date: <span style="color: blue;">5/16/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Barry Adair</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">EVP General Manager</span></p>                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">618-665-3311</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">341088</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                            |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                        |  |



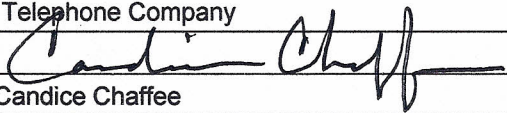
TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                          |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WOODHULL TEL CO</span></p>                                                                                                                                                                            |                                          |  |                                                   |                                                                                                                                                                                                                          |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Philip Wirt</span></p>                                                                                                                                                       |                                          |  |                                                   | <p><small>Digitally signed by Philip Wirt DN:cn=Philip Wirt,email=pwirtwtc@divcominc.net,O=woodhull tel co,l=Woodhull IL 61490-0117, Date:5/19/2017</small></p> <p>Date: <span style="color: blue;">5/19/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Philip Wirt</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">309-334-2150</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">341091</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                              |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER,


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

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

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

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |  |                                            |                   |  |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |  |                                            |                   |  |
| Name of Reporting Carrier REASNOR TELEPHONE COMPANY, LLC                                                                                                                                                                                         |  |                                            |                   |  |
| Signature of Authorized Officer                                                                                                                                 |  |                                            | Date MAY 23, 2017 |  |
| Printed name of Authorized Officer MICHAEL HATFIELD                                                                                                                                                                                              |  |                                            |                   |  |
| Title or position of Authorized Officer ACTING GENERAL MANAGER                                                                                                                                                                                   |  |                                            |                   |  |
| Telephone number of Authorized Officer: (817) 838-1800 ext.                                                                                                                                                                                      |  |                                            |                   |  |
| Study Area Code of Reporting Carrier 350739                                                                                                                                                                                                      |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017         |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |                                            |                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                           |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Name of Reporting Carrier: <b>ARCADIA TEL CO</b></p>                                                                                                                                                                                                 |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Signature of Authorized Officer: <b>Tony Vonnahme</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Tony Vonnahme DN:cn=Tony Vonnahme,email=kvonnahme@netins.net,O=arcadia tel co,l=Arcadia IA 51430, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Tony Vonnahme</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Title or position of Authorized Officer: <b>Board President</b></p>                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Telephone number of Authorized Officer: <b>712-689-2238</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351098</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                           |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                            |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                            |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ALPINE COMM.</span></p>                                                                                                                                                                               |                                          |  |                                                   |                                                                                                                                                                                                            |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Chris Hopp</span></p>                                                                                                                                                        |                                          |  |                                                   | <p><small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Chris Hopp</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                            |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                            |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">563-245-4480</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                            |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351106</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                            |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

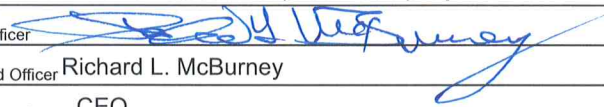
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |  |               |                                               |                   |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |  |               |                                               |                   |
| Name of Reporting Carrier <b>Butler-Bremer Mutual Telephone Company</b>                                                                                                                                                                          |  |               |                                               |                   |
| Signature of Authorized Officer                                                                                                                                |  |               | Date <b>4/9/2018</b>                          |                   |
| Printed name of Authorized Officer <b>Richard L. McBurney</b>                                                                                                                                                                                    |  |               |                                               |                   |
| Title or position of Authorized Officer <b>CEO</b>                                                                                                                                                                                               |  |               |                                               |                   |
| Telephone number of Authorized Officer: <b>(319) 276-4458</b> ext. _____                                                                                                                                                                         |  |               |                                               |                   |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             |  | <b>351115</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>April 2018</b> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |               |                                               |                   |



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CASEY MUTUAL TEL CO</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Breining</span></p>                                                                                                                                                     |                                          |  |                                                   | <p><small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel co,l=Casey IA 50048, Date:5/22/2017</small></p> <p>Date: <span style="color: blue;">5/22/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">John Breining</span></p>                                                                                                                                                                     |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">641-746-2222</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351119</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                       |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                             |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                             |         |
| <p>Name of Reporting Carrier: <b>CLARENCE TEL CO</b></p>                                                                                                                                                                                                |                      |         |                                                   |                                                                                                                                                                             |         |
| <p>Signature of Authorized Officer: <b>Mark Harvey</b></p>                                                                                                                                                                                              |                      |         |                                                   | <p>Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=ctcmanager@netins.net,O=clarence tel co,l=Dysart IA 52224-0280, Date:5/25/2017</p> <p>Date: <b>5/25/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Mark Harvey</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                             |         |
| <p>Title or position of Authorized Officer: <b>CEO</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                             |         |
| <p>Telephone number of Authorized Officer: <b>319-476-7800</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                             |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351130</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                     | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                             |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                    |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Name of Reporting Carrier: <b>C-M-L TEL COOP ASSN</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Signature of Authorized Officer: <b>Bruce Johnson</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cm1telco@netins.net,O=c-m-l tel coop assn,l=Meriden IA 51037-0018, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Bruce Johnson</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Telephone number of Authorized Officer: <b>712-443-8222</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                    |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351133</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                            |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                    |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                                        |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                                        |  |
| <p>Name of Reporting Carrier: <b>COON CREEK TEL CO</b></p>                                                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                                                                        |  |
| <p>Signature of Authorized Officer: <b>Debra Lucht</b></p>                                                                                                                                                                                                     |                      |  |                                                   | <p><small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@cooncreektelephone.com,O=coon creek tel co,l=Blairstown IA 52209-0150, Date:5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Debra Lucht</b></p>                                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                                        |  |
| <p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>                                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                                                                        |  |
| <p>Telephone number of Authorized Officer: <b>319-454-6234</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                                        |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351136</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                                |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                                        |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">COON VALLEY COOP TEL</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Jim Nelson</span></p>                                                                                                                                                                           |                                          |  |                                                   | <p><small>Digitally signed by Jim Nelson DN:cn=Jim Nelson,email=jnelson@coonvalleytelco.com,O=coon valley coop tel,=Menlo IA 50164, Date:5/23/2017</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Jim Nelson</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">641-524-2111</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                         |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351137</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                             |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                         |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                                    |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                                    |  |
| <p>Name of Reporting Carrier: <b>COOPERATIVE TEL CO</b></p>                                                                                                                                                                                             |               |  |                                            |                                                                                                                                                    |  |
| <p>Signature of Authorized Officer: <b>Scott Schabacker</b></p>                                                                                                                                                                                         |               |  |                                            | <p>Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=cooptel@netins.net,O=cooperative tel co,l=Victor IA 52347, Date:5/16/2017</p> |  |
| <p>Date: <b>5/16/2017</b></p>                                                                                                                                                                                                                           |               |  |                                            |                                                                                                                                                    |  |
| <p>Printed name of Authorized Officer: <b>Scott Schabacker</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                                    |  |
| <p>Title or position of Authorized Officer: <b>Chief Operating Officer/General Manager</b></p>                                                                                                                                                          |               |  |                                            |                                                                                                                                                    |  |
| <p>Telephone number of Authorized Officer: <b>319-647-3131</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                                    |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>351139</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                                   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                                    |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                            |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                            |         |
| <p>Name of Reporting Carrier: <b>CORN BELT TEL CO</b></p>                                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                            |         |
| <p>Signature of Authorized Officer: <b>Lee Wuebker</b></p>                                                                                                                                                                                              |                      |         |                                                   | <p>Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=cornbelt@netins.net,O=corn belt tel co,l=Wall Lake IA 51466, Date:5/18/2017</p> |         |
| <p>Date: <b>5/18/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                            |         |
| <p>Printed name of Authorized Officer: <b>Lee Wuebker</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                            |         |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                            |         |
| <p>Telephone number of Authorized Officer: <b>712-664-2221</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                            |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351141</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                    | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                            |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                       |  |
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| <p>Name of Reporting Carrier: <b>DANVILLE MUTUAL TEL</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                       |  |
| <p>Signature of Authorized Officer: <b>Timothy FencI</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfenci@danvilletelco.net,O=danville mutual tel,l=Danville IA 52623, Date:5/22/2017</p> |  |
| <p>Date: <b>5/22/2017</b></p>                                                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                       |  |
| <p>Printed name of Authorized Officer: <b>Timothy FencI</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                       |  |
| <p>Title or position of Authorized Officer: <b>General Manager &amp; CEO</b></p>                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                       |  |
| <p>Telephone number of Authorized Officer: <b>319-392-4251</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                       |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351147</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                               |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                       |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                            |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                            |  |
| <p>Name of Reporting Carrier: <b>FARMERS (DEFIANCE)</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                            |  |
| <p>Signature of Authorized Officer: <b>Thomas Conry</b></p>                                                                                                                                                                                             |                      |  |                                                   | <p>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (defiance),l=Harlan IA 51537-0311, Date:5/23/2017</p> |  |
| <p>Date: <b>5/23/2017</b></p>                                                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                            |  |
| <p>Printed name of Authorized Officer: <b>Thomas Conry</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                            |  |
| <p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                            |  |
| <p>Telephone number of Authorized Officer: <b>712-744-3131</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                            |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351149</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                    |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                            |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Name of Reporting Carrier: <b>DUMONT TEL CO</b></p>                                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Signature of Authorized Officer: <b>Roger Kregel</b></p>                                                                                                                                                                                             |                      |  |                                                   | <p>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel co,l=Dumont IA 50625-0349, Date:5/22/2017</p> <p>Date: <b>5/22/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Roger Kregel</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer: <b>641-857-3211</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351152</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                  |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                  |         |
| <p>Name of Reporting Carrier: <b>EAST BUCHANAN COOP</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                                  |         |
| <p>Signature of Authorized Officer: <b>Butch Rorabaugh</b></p>                                                                                                                                                                                          |                      |         |                                                   | <p>Digitally signed by Butch Rorabaugh DN:cn=Butch Rorabaugh,email=butch.rorabaugh@eastbuchanan.com,O=east buchanan coop,l=Winthrop IA 50682, Date:5/17/2017</p> |         |
| <p>Date: <b>5/17/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                  |         |
| <p>Printed name of Authorized Officer: <b>Butch Rorabaugh</b></p>                                                                                                                                                                                       |                      |         |                                                   |                                                                                                                                                                  |         |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                                                  |         |
| <p>Telephone number of Authorized Officer: <b>319-935-3011</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                  |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351156</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                          | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                  |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                     |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                     |  |
| <p>Name of Reporting Carrier: <b>F&amp;B COMMUNICATIONS</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                     |  |
| <p>Signature of Authorized Officer: <b>Brenda Kay</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p>Digitally signed by Brenda Kay DN:cn=Brenda Kay,email=brenda@fbc-tele.com,O=f&amp;b communications,l=Wheatland IA 52777-0309, Date:5/24/2017</p> |  |
| <p>Date: <b>5/24/2017</b></p>                                                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                     |  |
| <p>Printed name of Authorized Officer: <b>Brenda Kay</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                     |  |
| <p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                     |  |
| <p>Telephone number of Authorized Officer: <b>563-374-1236</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                     |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351160</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                             |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                     |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                             |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Name of Reporting Carrier: <b>FARMERS COOP TEL CO</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Signature of Authorized Officer: <b>Mark Harvey</b></p>                                                                                                                                                                                              |                      |  |                                                   | <p>Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=mharvey@fctc.coop,O=farmers coop tel co,l=Dysart IA 52224-0280, Date:5/25/2017</p> <p>Date: <b>5/25/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Mark Harvey</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Title or position of Authorized Officer: <b>Manager</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Telephone number of Authorized Officer: <b>319-476-7800</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351162</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                     |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                             |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                           |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Name of Reporting Carrier: <b>FARMERS &amp; MERCHANTS</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Signature of Authorized Officer: <b>Susie Stalder</b></p>                                                                                                                                                                                            |                      |         |                                                   | <p>Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=sstalder@farmtel.com,O=farmers &amp; merchants,l=Wayland IA 52654-0247, Date:5/22/2017</p> |         |
| <p>Date: <b>5/22/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Printed name of Authorized Officer: <b>Susie Stalder</b></p>                                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Title or position of Authorized Officer: <b>Operations Manager</b></p>                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Telephone number of Authorized Officer: <b>319-256-2736</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                           |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351166</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                   | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                           |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                          |  |
| <p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP</b></p>                                                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                                          |  |
| <p>Signature of Authorized Officer: <b>Thomas Conry</b></p>                                                                                                                                                                                                    |                      |  |                                                   | <p><small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,l=Harlan IA 51537-0311, Date:5/23/2017</small></p> <p>Date: <b>5/23/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Thomas Conry</b></p>                                                                                                                                                                                                 |                      |  |                                                   |                                                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>                                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer: <b>712-744-3131</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351168</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                              |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP</b></p>                                                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Signature of Authorized Officer: <b>Tammy Wheeler</b></p>                                                                                                                                                                                                   |                      |  |                                                   | <p><small>Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop,l=Moulton IA 52572, Date:5/23/2017</small></p> <p>Date: <b>5/23/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Tammy Wheeler</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Telephone number of Authorized Officer: <b>641-642-3249</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351169</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                      |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                              |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                       |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Name of Reporting Carrier: <b>FARMERS MUTUAL JESUP</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Signature of Authorized Officer: <b>Tony Lang</b></p>                                                                                                                                                                                                |                      |  |                                                   | <p>Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup, Jesup IA 50648-0249, Date:5/25/2017</p> <p>Date: <b>5/25/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Tony Lang</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Telephone number of Authorized Officer: <b>319-827-1151</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351171</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                               |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                       |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Farmers Mutual Telephone Company - Nora Springs**

Signature of Authorized Officer

Date **5/22/2017**

Printed name of Authorized Officer **Joshua Hveem**

Title or position of Authorized Officer **Chief Operating Officer**

Telephone number of Authorized Officer: **(641) 210-8445** ext.

Study Area Code of Reporting Carrier **351172**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP</b></p>                                                                                                                                                                                            |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Signature of Authorized Officer: <b>Curtis Eldred</b></p>                                                                                                                                                                                            |                      |         |                                                   | <p>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@fmtcs.com,O=farmers mutual coop,l=Shellsburg IA 52332, Date:5/25/2017</p> <p>Date: <b>5/25/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Curtis Eldred</b></p>                                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Telephone number of Authorized Officer: <b>319-436-2224</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351173</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                        | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                                |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <b>Kevin Cabbage</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=farmers mutual tel, Stanton IA 51573-0220, Date:5/24/2017</p> <p>Date: <b>5/24/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Kevin Cabbage</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <b>712-829-2111</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351174</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                           |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                           |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Name of Reporting Carrier: <b>FARMERS TEL CO - BAT</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Signature of Authorized Officer: <b>Joe Snyder</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p>Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=farmers tel co - bat,l=Bloomfield IA 52537, Date:5/22/2017</p> <p>Date: <b>5/22/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Joe Snyder</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Telephone number of Authorized Officer: <b>641-664-2074</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                           |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351175</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                           |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                  |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                  |  |
| <p>Name of Reporting Carrier: <b>FARMERS TEL CO-ESSEX</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                  |  |
| <p>Signature of Authorized Officer: <b>Tim Hill</b></p>                                                                                                                                                                                                 |                      |  |                                                   | <p>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel co-essex,l=Essex IA 51638, Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Tim Hill</b></p>                                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                  |  |
| <p>Title or position of Authorized Officer: <b>Manager</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                  |  |
| <p>Telephone number of Authorized Officer: <b>712-379-3001</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                  |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351176</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                          |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                  |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Farmers Telephone Company - Riceville**

Signature of Authorized Officer

Date **5/22/2017**

Printed name of Authorized Officer **Joshua Hveem**

Title or position of Authorized Officer **Chief Operating Officer**

Telephone number of Authorized Officer: **(641) 210-8445** ext.

Study Area Code of Reporting Carrier **351177**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Name of Reporting Carrier: <b>FENTON CO-OP TEL CO</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Signature of Authorized Officer: <b>Steven Longhenry</b></p>                                                                                                                                                                                         |                      |  |                                                   | <p>Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fntn@netins.net,O=fenton co-op tel co,l=Fenton IA 50539, Date:5/22/2017</p> <p>Date: <b>5/22/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Steven Longhenry</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Telephone number of Authorized Officer: <b>515-889-2785</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351179</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                        |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                |  |

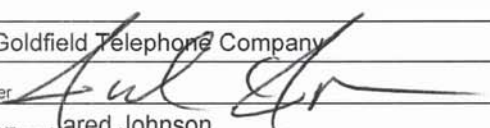
TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <b>PARTNER COMM. COOP.</b></p>                                                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <b>Arthur Cooper</b></p>                                                                                                                                                                                                   |                      |  |                                                   | <p><small>Digitally signed by Arthur Cooper DN: cn=Arthur Cooper, email=coop@pcctel.net, O=partner comm. coop., c=US, Date: 5/22/2017</small></p> <p>Date: <b>5/22/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Arthur Cooper</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <b>Board President</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <b>641-498-7701</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351187</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                         |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                 |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

|                                                                                                                                                                                                                                                                                     |               |                                               |                  |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------|------------------|----------------------|
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                                     |               |                                               |                  |                      |
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                                                 |               |                                               |                  |                      |
| Name of Reporting Carrier <b>Partner Communications Cooperative</b>                                                                                                                                                                                                                 |               |                                               |                  |                      |
| Signature of Authorized Officer                                                                                                                                                                    |               |                                               |                  | Date <b>07-11-17</b> |
| Printed name of Authorized Officer <b>Donald S Jennings</b>                                                                                                                                                                                                                         |               |                                               |                  |                      |
| Title or position of Authorized Officer <b>Executive Vice President</b>                                                                                                                                                                                                             |               |                                               |                  |                      |
| Telephone number of Authorized Officer: <b>(641) 498-7701</b> , ext.                                                                                                                                                                                                                |               |                                               |                  |                      |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                                                | <b>351187</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>July 2017</b> |                      |
| <p style="text-align: center;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |                                               |                  |                      |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |        |                                            |                 |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |                                            |                 |
| Name of Reporting Carrier Goldfield Telephone Company                                                                                                                                                                                            |        |                                            |                 |
| Signature of Authorized Officer                                                                                                                                 |        |                                            | Date 05/18/2017 |
| Printed name of Authorized Officer Jared Johnson                                                                                                                                                                                                 |        |                                            |                 |
| Title or position of Authorized Officer General Manager                                                                                                                                                                                          |        |                                            |                 |
| Telephone number of Authorized Officer: ( ) - . ext. (515)-825-3766                                                                                                                                                                              |        |                                            |                 |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | 351188 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |                                            |                 |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |        |                                            |                |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |                                            |                |
| Name of Reporting Carrier River Valley Telecommunications Coop                                                                                                                                                                                   |        |                                            |                |
| Signature of Authorized Officer                                                                                                                                 |        |                                            | Date 5/23/2017 |
| Printed name of Authorized Officer Pam Studer                                                                                                                                                                                                    |        |                                            |                |
| Title or position of Authorized Officer Secretary                                                                                                                                                                                                |        |                                            |                |
| Telephone number of Authorized Officer: (712) 859-3300 ext.                                                                                                                                                                                      |        |                                            |                |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | 351189 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |                                            |                |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                     |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Name of Reporting Carrier: <b>GRAND MOUND COOP TEL</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Signature of Authorized Officer: <b>Marcus Behnken</b></p>                                                                                                                                                                                           |                      |  |                                                   | <p>Digitally signed by Marcus Behnken DN:cn=Marcus Behnken,email=mbehnken@gmcta.coop,O=grand mound coop tel,=Grand Mound IA 52751, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Marcus Behnken</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Telephone number of Authorized Officer: <b>563-847-3000</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351191</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                             |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                     |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <b>GRISWOLD CO-OP TEL</b></p>                                                                                                                                                                                             |               |  |                                            |                                                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <b>Amy McLaren</b></p>                                                                                                                                                                                              |               |  |                                            | <p>Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gcto@netins.net,O=griswold co-op tel,l=Griswold IA 51535-0640, Date:5/22/2017</p> <p>Date: <b>5/22/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Amy McLaren</b></p>                                                                                                                                                                                           |               |  |                                            |                                                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |               |  |                                            |                                                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <b>712-778-2121</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                                                                 |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>351195</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                                                                |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                                                                 |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                            |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Name of Reporting Carrier: <b>HAWKEYE TEL CO</b></p>                                                                                                                                                                                                 |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Signature of Authorized Officer: <b>Alex Soderquist</b></p>                                                                                                                                                                                          |                      |  |                                                   | <p>Digitally signed by Alex Soderquist DN:cn=Alex Soderquist,email=manager@hawkeyetelephone.com,O=hawkeye tel co,l=Hawkeye IA 52147-0250, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Alex Soderquist</b></p>                                                                                                                                                                                       |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Telephone number of Authorized Officer: <b>563-427-3222</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                            |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351199</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                    |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                            |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Name of Reporting Carrier: <b>HOSPERS TEL EXCH INC</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Signature of Authorized Officer: <b>David Raak</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p>Digitally signed by David Raak DN:cn=David Raak,email=dave@hosperstel.com,O=hospers tel exch inc,l=Hospers IA 51238, Date:5/22/2017</p> <p>Date: <b>5/22/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>David Raak</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer: <b>712-752-8100</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351202</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                            |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                            |         |
| <p>Name of Reporting Carrier: <b>HUBBARD COOP ASSN</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                            |         |
| <p>Signature of Authorized Officer: <b>David Lowe</b></p>                                                                                                                                                                                               |                      |         |                                                   | <p>Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,l=Hubbard IA 50122-0428, Date:5/22/2017</p> <p>Date: <b>5/22/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>David Lowe</b></p>                                                                                                                                                                                            |                      |         |                                                   |                                                                                                                                                                            |         |
| <p>Title or position of Authorized Officer: <b>CEO</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                            |         |
| <p>Telephone number of Authorized Officer: <b>641-864-2216</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                            |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351203</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                    | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                            |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">HUXLEY COMM. COOP.</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gary Clark</span></p>                                                                                                                                                        |                                          |  |                                                   | <p><small>Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley comm. coop.,l=Huxley IA 50124-0036, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Gary Clark</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager and Executive VP</span></p>                                                                                                                                             |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">515-597-2281</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351205</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                                     |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |

## TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |        |                                            |           |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |                                            |           |
| Name of Reporting Carrier IAMO Telephone Company-MO                                                                                                                                                                                              |        |                                            |           |
| Signature of Authorized Officer <i>Merlin Swanson</i>                                                                                                                                                                                            |        | Date 5-26-2017                             |           |
| Printed name of Authorized Officer Merlin Swanson                                                                                                                                                                                                |        |                                            |           |
| Title or position of Authorized Officer Secretary                                                                                                                                                                                                |        |                                            |           |
| Telephone number of Authorized Officer: (712) 583-3232 ext.                                                                                                                                                                                      |        |                                            |           |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | 351206 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |                                            |           |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **FMTC-I35, Inc.**

Signature of Authorized Officer

Date **5/22/2017**

Printed name of Authorized Officer **Joshua Hveem**

Title or position of Authorized Officer **Chief Operating Officer**

Telephone number of Authorized Officer: **(641) 210-8445** ext.

Study Area Code of Reporting Carrier

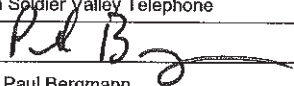
**351209**

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

**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |        |                                            |                 |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |                                            |                 |
| Name of Reporting Carrier: Jordan Soldier Valley Telephone                                                                                                                                                                                       |        |                                            |                 |
| Signature of Authorized Officer:                                                                                                                                |        |                                            | Date: 5/23/2017 |
| Printed name of Authorized Officer: Paul Bergmann                                                                                                                                                                                                |        |                                            |                 |
| Title or position of Authorized Officer: CFO                                                                                                                                                                                                     |        |                                            |                 |
| Telephone number of Authorized Officer: 712-271-4000 ext. _____                                                                                                                                                                                  |        |                                            |                 |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | 351213 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |                                            |                 |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">KALONA COOP TEL CO</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Casey Peck</span></p>                                                                                                                                                        |                                          |  |                                                   | <p><small>Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey.peck@kctc.net,O=kalona coop tel co,l=Kalona IA 52247-1208, Date:5/30/2017</small></p> <p>Date: <span style="color: blue;">5/30/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Casey Peck</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">319-656-3668</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351214</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                          |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                      |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                              |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                              |  |
| <p>Name of Reporting Carrier: <b>KEYSTONE FRMS COOP</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                              |  |
| <p>Signature of Authorized Officer: <b>Byran Kimm</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p>Digitally signed by Byran Kimm DN:cn=Byran Kimm,email=keystone@netins.net,O=keystone frms coop, =Keystone IA 52249-0277, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Byran Kimm</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                              |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                              |  |
| <p>Telephone number of Authorized Officer: <b>319-442-3241</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                              |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351217</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                      |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                              |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                       |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Name of Reporting Carrier: <b>LA PORTE CITY TEL CO</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Signature of Authorized Officer: <b>Chris Hopp</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel co,l=Elkader IA 52043, Date:5/17/2017</p> <p>Date: <b>5/17/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Chris Hopp</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Title or position of Authorized Officer: <b>Executive Secretary</b></p>                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Telephone number of Authorized Officer: <b>563-245-4480</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351220</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                               |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                       |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                      |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Name of Reporting Carrier: <b>LA MOTTE TEL CO</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Signature of Authorized Officer: <b>JoAnne Gregorich</b></p>                                                                                                                                                                                         |                      |  |                                                   | <p>Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=la motte tel co,l=LaMotte IA 52054, Date:5/23/2017</p> <p>Date: <b>5/23/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>JoAnne Gregorich</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Telephone number of Authorized Officer: <b>563-773-2213</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351222</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                              |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                      |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                       |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Name of Reporting Carrier: <b>LEHIGH VALLEY COOP</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Signature of Authorized Officer: <b>Jim Suchan</b></p>                                                                                                                                                                                               |                      |         |                                                   | <p>Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop, Lehigh IA 50557-0137, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Jim Suchan</b></p>                                                                                                                                                                                            |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>                                                                                                                                                                          |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Telephone number of Authorized Officer: <b>515-359-2211</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351225</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                               | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                       |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LONE ROCK CO-OP TEL</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Dan Meyer</span></p>                                                                                                                                                         |                                          |  |                                                   | <p><small>Digitally signed by Dan Meyer DN:cn=Dan Meyer,email=lonerock@netins.net,O=lone rock co-op tel,l=Lone Rock IA 50559-0278, Date:5/22/2017</small></p> <p>Date: <span style="color: blue;">5/22/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Dan Meyer</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">515-925-3271</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351228</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                            |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                        |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                           |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                           |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LOST NATION-ELWOOD</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                           |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Jan Muhl</span></p>                                                                                                                                                                             |                                          |  |                                                   | <p><small>Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood,l= , Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Jan Muhl</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                           |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                           |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">563-678-2470</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                           |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351229</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                               |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                           |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                               |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                               |         |
| <p>Name of Reporting Carrier: <b>NORTHEAST IOWA TEL</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                               |         |
| <p>Signature of Authorized Officer: <b>David Byers</b></p>                                                                                                                                                                                              |                      |         |                                                   | <p>Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=northeast iowa tel,l=Monona IA 52159-0835, Date:5/16/2017</p> |         |
| <p>Date: <b>5/16/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                               |         |
| <p>Printed name of Authorized Officer: <b>David Byers</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                               |         |
| <p>Title or position of Authorized Officer: <b>COO/Assistant Secretary</b></p>                                                                                                                                                                          |                      |         |                                                   |                                                                                                                                               |         |
| <p>Telephone number of Authorized Officer: <b>563-539-2122</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                               |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351230</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                       | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                               |         |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LYNNVILLE TEL. CO.</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gary Neill</span></p>                                                                                                                                                        |                                          |  |                                                   | <p><small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=lynnville tel. co.,l= , Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Gary Neill</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Consultant</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">402-477-1354</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351232</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                       |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                         |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                         |         |
| <p>Name of Reporting Carrier: <b>FARMERS (MANILLA)</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                         |         |
| <p>Signature of Authorized Officer: <b>Thomas Conry</b></p>                                                                                                                                                                                             |                      |         |                                                   | <p>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (manilla),l=Harlan IA 51537-0311, Date:5/23/2017</p> <p>Date: <b>5/23/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Thomas Conry</b></p>                                                                                                                                                                                          |                      |         |                                                   |                                                                                                                                                                         |         |
| <p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                         |         |
| <p>Telephone number of Authorized Officer: <b>712-744-3131</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                         |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351235</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                 | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                         |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                                          |  |                                                   |                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MARNE &amp; ELK HORN TEL</span></p>                                                                                                                                                            |                                          |  |                                                   |                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;"><b>Janell Hansen</b></span></p>                                                                                                                                                          |                                          |  |                                                   | <p>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=marne &amp; elk horn tel,l=Elk Horn IA 51531, Date:5/23/2017</p> |  |
| <p>Date: <span style="color: blue;">5/23/2017</span></p>                                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                   |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Janell Hansen</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">712-764-6161</span></p>                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <span style="color: blue;">351237</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                                          |  |                                                   |                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                               |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                               |  |
| <p>Name of Reporting Carrier: <b>MARTELLE COOP ASSN</b></p>                                                                                                                                                                                             |               |  |                                            |                                                                                                                                               |  |
| <p>Signature of Authorized Officer: <b>Hans Arwine</b></p>                                                                                                                                                                                              |               |  |                                            | <p>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop assn,l=Mechanicsville IA 52306, Date:5/22/2017</p> |  |
| <p>Date: <b>5/22/2017</b></p>                                                                                                                                                                                                                           |               |  |                                            |                                                                                                                                               |  |
| <p>Printed name of Authorized Officer: <b>Hans Arwine</b></p>                                                                                                                                                                                           |               |  |                                            |                                                                                                                                               |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |               |  |                                            |                                                                                                                                               |  |
| <p>Telephone number of Authorized Officer: <b>563-432-7221</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                               |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>351238</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                              |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                               |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MASSENA TEL CO</span></p>                                                                                                                                                                             |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <span style="color: blue;"><b>Kathleen Foster</b></span></p>                                                                                                                                                               |                                          |  |                                                   | <p><small>Digitally signed by Kathleen Foster DN:cn=Kathleen Foster,email=kfoster@massenatelephone.com,O=massena tel co, =Massena IA 50853, Date:5/19/2017</small></p> <p>Date: <span style="color: blue;">5/19/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Kathleen Foster</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">712-779-2227</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351239</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                                     |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                                 |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Mechanicsville Telephone CompanySignature of Authorized Officer Date 5-25-2017Printed name of Authorized Officer Hans ArwineTitle or position of Authorized Officer Company OfficerTelephone number of Authorized Officer: (563) 432-7221, ext.       

Study Area Code of Reporting Carrier

351241Filing Due Date for this form  
(mm/dd/yyyy)6/16/2017

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

TO BE COMPLETED BY THE REPORTING CARRIER.

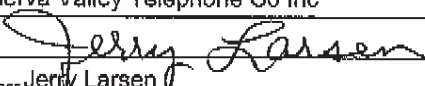
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Name of Reporting Carrier: <b>MILES COOP TEL ASSN</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Signature of Authorized Officer: <b>Debra Chrest</b></p>                                                                                                                                                                                             |                      |  |                                                   | <p>Digitally signed by Debra Chrest DN:cn=Debra Chrest,email=milestele@netins.net,O=miles coop tel assn, Miles IA 52064-0280, Date:5/23/2017</p> <p>Date: <b>5/23/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Debra Chrest</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Telephone number of Authorized Officer: <b>563-682-7111</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351242</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                        |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                      |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Name of Reporting Carrier: <b>MINBURN TEL CO</b></p>                                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Signature of Authorized Officer: <b>Debra Lucht</b></p>                                                                                                                                                                                                     |                      |  |                                                   | <p><small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel co,l=Minburn IA 50167, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Debra Lucht</b></p>                                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Title or position of Authorized Officer: <b>General Manager/Assistant Secretary</b></p>                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Telephone number of Authorized Officer: <b>515-677-2264</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351245</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                              |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                      |  |



TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |        |                                            |           |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |                                            |           |
| Name of Reporting Carrier: Minerva Valley Telephone Co Inc                                                                                                                                                                                       |        |                                            |           |
| Signature of Authorized Officer:                                                                                                                                |        | Date: 05/18/2017                           |           |
| Printed name of Authorized Officer: Jerry Larsen                                                                                                                                                                                                 |        |                                            |           |
| Title or position of Authorized Officer: Board President                                                                                                                                                                                         |        |                                            |           |
| Telephone number of Authorized Officer: (641) 487-7399 ext.                                                                                                                                                                                      |        |                                            |           |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | 351246 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |                                            |           |

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TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                       |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Name of Reporting Carrier:      <b>MODERN COOP TEL CO</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Signature of Authorized Officer:      <b>Jeffrey Brower</b></p>                                                                                                                                                                                      |                      |         |                                                   | <p>Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop tel co,l=South English IA 52335, Date:5/19/2017</p> |         |
| <p>Date:      <b>5/19/2017</b></p>                                                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Printed name of Authorized Officer:      <b>Jeffrey Brower</b></p>                                                                                                                                                                                   |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Title or position of Authorized Officer:      <b>General Manager/COO</b></p>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Telephone number of Authorized Officer:      <b>319-667-2375</b></p>                                                                                                                                                                                 |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351247</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                               | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                       |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <b>MUTUAL TEL CO</b></p>                                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <b>Randy Foor</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p>Digitally signed by Randy Foor DN:cn=Randy Foor,email=rdf@mutel.com,O=mutual tel co,l=Morning Sun IA 52640, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Randy Foor</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <b>Executive Vice President</b></p>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <b>319-868-7636</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351250</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                         |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                 |  |

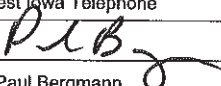
TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Name of Reporting Carrier: <b>MEDIAPOLIS TEL CO</b></p>                                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Signature of Authorized Officer: <b>Angie Rupe</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p>Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel co,l=Mediapolis IA 52637, Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Angie Rupe</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer: <b>Office Manager &amp; CFO</b></p>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer: <b>319-394-3456</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351251</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                       |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Name of Reporting Carrier: <b>NORTH ENGLISH COOP</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Signature of Authorized Officer: <b>Reed Ostenberg</b></p>                                                                                                                                                                                           |                      |         |                                                   | <p>Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop, North English IA 52316, Date:5/16/2017</p> |         |
| <p>Date: <b>5/16/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Printed name of Authorized Officer: <b>Reed Ostenberg</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Title or position of Authorized Officer: <b>COO</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Telephone number of Authorized Officer: <b>319-664-3821</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351257</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                               | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                       |         |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |        |  |                                            |                |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |                                            |                |
| Name of Reporting Carrier Northwest Iowa Telephone                                                                                                                                                                                               |        |  |                                            |                |
| Signature of Authorized Officer                                                                                                                                 |        |  |                                            | Date 5/23/2017 |
| Printed name of Authorized Officer Paul Bergmann                                                                                                                                                                                                 |        |  |                                            |                |
| Title or position of Authorized Officer CFO                                                                                                                                                                                                      |        |  |                                            |                |
| Telephone number of Authorized Officer: 712-271-4000, ext. _____                                                                                                                                                                                 |        |  |                                            |                |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | 351260 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |                                            |                |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                          |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                          |         |
| <p>Name of Reporting Carrier: <b>NORTHWEST TEL COOP</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                                          |         |
| <p>Signature of Authorized Officer: <b>Donald Miller</b></p>                                                                                                                                                                                            |                      |         |                                                   | <p>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel coop,l=Havelock IA 50546, Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Donald Miller</b></p>                                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                          |         |
| <p>Title or position of Authorized Officer: <b>CEO</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                          |         |
| <p>Telephone number of Authorized Officer: <b>712-776-2222</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                          |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351261</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                  | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                          |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                           |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                           |         |
| <p>Name of Reporting Carrier: <b>COMM 1 NETWORK</b></p>                                                                                                                                                                                                 |                      |         |                                                   |                                                                                                                                           |         |
| <p>Signature of Authorized Officer: <b>Randy Yeakel</b></p>                                                                                                                                                                                             |                      |         |                                                   | <p>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=comm 1 network,l=Kanawha IA 50447, Date:5/16/2017</p> |         |
| <p>Date: <b>5/16/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                           |         |
| <p>Printed name of Authorized Officer: <b>Randy Yeakel</b></p>                                                                                                                                                                                          |                      |         |                                                   |                                                                                                                                           |         |
| <p>Title or position of Authorized Officer: <b>General Manager/ Director</b></p>                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                           |         |
| <p>Telephone number of Authorized Officer: <b>641-762-3772</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                           |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351262</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                   | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                           |         |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">OGDEN TEL CO - IA</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Signature of Authorized Officer: <span style="color: blue;"><b>James Heckman</b></span></p>                                                                                                                                                                 |                                          |  |                                                   | <p><small>Digitally signed by James Heckman DN:cn=James Heckman,email=ogdenteljim@netins.net,O=ogden tel co - ia,l=Ogden IA 50212, Date:5/23/2017</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">James Heckman</span></p>                                                                                                                                                                     |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager / Executive VP</span></p>                                                                                                                                               |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">515-275-2050</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                        |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351263</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                            |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                        |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                             |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Name of Reporting Carrier: <b>OLIN TEL CO, INC</b></p>                                                                                                                                                                                               |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Signature of Authorized Officer: <b>Rodney Cozart</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Rodney Cozart DN:cn=Rodney Cozart,email=olintel@netins.net,O=olin tel co, inc,l=Olin IA 52320-0130, Date:5/22/2017</p> <p>Date: <b>5/22/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Rodney Cozart</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Title or position of Authorized Officer: <b>Manager</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Telephone number of Authorized Officer: <b>319-484-2200</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351264</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                     |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                             |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                       |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Name of Reporting Carrier: <b>ONSLow COOP TEL ASSN</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Signature of Authorized Officer: <b>Russ Benke</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p>Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=onslow coop tel assn, =Onslow IA 52321, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Russ Benke</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Telephone number of Authorized Officer: <b>563-485-2833</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351265</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                               |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                       |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                     |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Name of Reporting Carrier: <b>ORAN MUTUAL TEL CO</b></p>                                                                                                                                                                                                    |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Signature of Authorized Officer: <b>Barb Gruetzmacher</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p><small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co, = , Date:5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Barb Gruetzmacher</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>                                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Telephone number of Authorized Officer: <b>319-638-6006</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351266</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                             |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                     |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Name of Reporting Carrier: <b>PALO COOP TEL ASSN</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Signature of Authorized Officer: <b>Mark Harvey</b></p>                                                                                                                                                                                              |                      |         |                                                   | <p>Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=ctcmanager@netins.net,O=palo coop tel assn,l=Dysart IA 52224-0280, Date:5/25/2017</p> <p>Date: <b>5/25/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Mark Harvey</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Telephone number of Authorized Officer: <b>319-476-7800</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                                |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351269</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                        | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                                |         |


TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                        |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                                          |  |                                                   |                                                                                                                                                        |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">PALMER MUTUAL TEL CO</span></p>                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                        |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Andy Peterson</span></p>                                                                                                                                                                 |                                          |  |                                                   | <p>Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co, Palmer IA 50571, Date:5/17/2017</p> |  |
| <p>Date: <span style="color: blue;">5/17/2017</span></p>                                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                        |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Andy Peterson</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                        |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>                                                                                                                                                             |                                          |  |                                                   |                                                                                                                                                        |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">712-359-2411</span></p>                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                        |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <span style="color: blue;">351270</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                            |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                                          |  |                                                   |                                                                                                                                                        |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                       |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Name of Reporting Carrier: <b>PANORA COMM COOP</b></p>                                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Signature of Authorized Officer: <b>Andrew Randol</b></p>                                                                                                                                                                                            |                      |         |                                                   | <p>Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panorateelco.com,O=panora comm coop,l=Panora IA 50216, Date:5/18/2017</p> |         |
| <p>Date: <b>5/18/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Printed name of Authorized Officer: <b>Andrew Randol</b></p>                                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>                                                                                                                                                                          |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Telephone number of Authorized Officer: <b>641-755-2424</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                       |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351271</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                               | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                       |         |

TO BE COMPLETED BY THE REPORTING CARRIER,

|                                                                                                                                                                                                                                                  |               |                                            |                     |  |
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| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                  |               |                                            |                     |  |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                            |                     |  |
| Name of Reporting Carrier <b>Panora Communications Cooperative</b>                                                                                                                                                                               |               |                                            |                     |  |
| Signature of Authorized Officer                                                                                                                                 |               |                                            | Date <b>3/05/18</b> |  |
| Printed name of Authorized Officer <b>Andrew M. Randol</b>                                                                                                                                                                                       |               |                                            |                     |  |
| Title or position of Authorized Officer <b>CEO</b>                                                                                                                                                                                               |               |                                            |                     |  |
| Telephone number of Authorized Officer: <b>(641) 755-2424</b> , ext. _____                                                                                                                                                                       |               |                                            |                     |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <b>351271</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>March 2018</b>   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                            |                     |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                       |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Name of Reporting Carrier: <b>PEOPLES TEL CO - IA</b></p>                                                                                                                                                                                            |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Signature of Authorized Officer: <b>Curt Kawlewski</b></p>                                                                                                                                                                                           |                      |         |                                                   | <p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Curt Kawlewski</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>                                                                                                                                                                          |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Telephone number of Authorized Officer: <b>507-233-4172</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                       |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351273</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                               | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                       |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                       |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Name of Reporting Carrier: <b>PRAIRIEBURG TEL CO</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Signature of Authorized Officer: <b>LaRae Reichenauer</b></p>                                                                                                                                                                                        |                      |  |                                                   | <p>Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel co,l= , Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>LaRae Reichenauer</b></p>                                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Telephone number of Authorized Officer: <b>319-437-3611</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                       |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351275</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                               |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                       |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <b>PRESTON TEL CO</b></p>                                                                                                                                                                                                 |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <b>Roger Kilburg</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestonel.com,O=preston tel co,l=Preston IA 52069-0167, Date:5/23/2017</p> <p>Date: <b>5/23/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Roger Kilburg</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <b>Manager/Secretary-Treasurer</b></p>                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <b>563-689-3811</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351276</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                         |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                 |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                             |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Name of Reporting Carrier: <b>RADCLIFFE TEL CO</b></p>                                                                                                                                                                                               |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Signature of Authorized Officer: <b>Edwin Drake</b></p>                                                                                                                                                                                              |                      |  |                                                   | <p>Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@netins.net,O=radcliffe tel co,l=Radcliffe IA 50230-0140, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Edwin Drake</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Title or position of Authorized Officer: <b>Manager</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Telephone number of Authorized Officer: <b>515-899-2341</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                             |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351277</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                     |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                             |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                                |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                                |  |
| <p>Name of Reporting Carrier: <b>RINGSTED TEL CO</b></p>                                                                                                                                                                                                |               |  |                                            |                                                                                                                                                |  |
| <p>Signature of Authorized Officer: <b>Aaron McCartan</b></p>                                                                                                                                                                                           |               |  |                                            | <p>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel co,l=Ringsted IA 50578, Date:5/22/2017</p> |  |
| <p>Date: <b>5/22/2017</b></p>                                                                                                                                                                                                                           |               |  |                                            |                                                                                                                                                |  |
| <p>Printed name of Authorized Officer: <b>Aaron McCartan</b></p>                                                                                                                                                                                        |               |  |                                            |                                                                                                                                                |  |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |               |  |                                            |                                                                                                                                                |  |
| <p>Telephone number of Authorized Officer: <b>712-866-8000</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                                |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>351280</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                               |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                                |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                              |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Name of Reporting Carrier: <b>ROCKWELL COOP ASSN</b></p>                                                                                                                                                                                                    |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Signature of Authorized Officer: <b>David Severin</b></p>                                                                                                                                                                                                   |                      |  |                                                   | <p><small>Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,l=Rockwell IA 50469, Date:5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>David Severin</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Title or position of Authorized Officer: <b>General Mgr/Assist Secretary-Treasurer</b></p>                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Telephone number of Authorized Officer: <b>641-822-3212</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351282</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                      |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                              |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                 |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                 |         |
| <p>Name of Reporting Carrier: <b>ROYAL TEL CO</b></p>                                                                                                                                                                                                   |                      |         |                                                   |                                                                                                                                 |         |
| <p>Signature of Authorized Officer: <b>John Noah</b></p>                                                                                                                                                                                                |                      |         |                                                   | <p>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel co,l=Royal IA 51357, Date:5/18/2017</p> |         |
| <p>Date: <b>5/18/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                 |         |
| <p>Printed name of Authorized Officer: <b>John Noah</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                 |         |
| <p>Title or position of Authorized Officer: <b>General Manager/CCO</b></p>                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                 |         |
| <p>Telephone number of Authorized Officer: <b>712-933-2615</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                 |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351283</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                         | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                 |         |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |        |  |                                            |           |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |                                            |           |
| Name of Reporting Carrier River Valley Telecommunications Coop                                                                                                                                                                                   |        |  |                                            |           |
| Signature of Authorized Officer <i>Pam Studer</i>                                                                                                                                                                                                |        |  | Date 5/23/2017                             |           |
| Printed name of Authorized Officer Pam Studer                                                                                                                                                                                                    |        |  |                                            |           |
| Title or position of Authorized Officer Secretary                                                                                                                                                                                                |        |  |                                            |           |
| Telephone number of Authorized Officer: (712) 859-3300 ext.                                                                                                                                                                                      |        |  |                                            |           |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | 351284 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |                                            |           |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                                      |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                                      |         |
| <p>Name of Reporting Carrier: <b>SAC COUNTY MUTUAL</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                                      |         |
| <p>Signature of Authorized Officer: <b>Ronald Sorensen</b></p>                                                                                                                                                                                          |                      |         |                                                   | <p>Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual, =Odebolt IA 51458, Date:5/23/2017</p> <p>Date: <b>5/23/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Ronald Sorensen</b></p>                                                                                                                                                                                       |                      |         |                                                   |                                                                                                                                                                                      |         |
| <p>Title or position of Authorized Officer: <b>Compliance Officer</b></p>                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                                                      |         |
| <p>Telephone number of Authorized Officer: <b>712-668-2200</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                                      |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351285</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                              | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                                      |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                              |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                              |         |
| <p>Name of Reporting Carrier: <b>SCHALLER TEL CO</b></p>                                                                                                                                                                                                |                      |         |                                                   |                                                                                                                                                                              |         |
| <p>Signature of Authorized Officer: <b>Missy Kestel</b></p>                                                                                                                                                                                             |                      |         |                                                   | <p>Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel co,l=Schaller IA 51053, Date:5/24/2017</p> <p>Date: <b>5/24/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Missy Kestel</b></p>                                                                                                                                                                                          |                      |         |                                                   |                                                                                                                                                                              |         |
| <p>Title or position of Authorized Officer: <b>Accounting General Manager</b></p>                                                                                                                                                                       |                      |         |                                                   |                                                                                                                                                                              |         |
| <p>Telephone number of Authorized Officer: <b>712-275-4211</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                              |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351291</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                      | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                              |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                           |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                           |         |
| <p>Name of Reporting Carrier:      <b>SEARSBORO TEL CO</b></p>                                                                                                                                                                                          |                      |         |                                                   |                                                                                                                           |         |
| <p>Signature of Authorized Officer:      <b>Gary Neill</b></p>                                                                                                                                                                                          |                      |         |                                                   | <p>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=searsboro tel co, Inc., Date:5/17/2017</p> |         |
| <p>Date:      <b>5/17/2017</b></p>                                                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                           |         |
| <p>Printed name of Authorized Officer:      <b>Gary Neill</b></p>                                                                                                                                                                                       |                      |         |                                                   |                                                                                                                           |         |
| <p>Title or position of Authorized Officer:      <b>Consultant</b></p>                                                                                                                                                                                  |                      |         |                                                   |                                                                                                                           |         |
| <p>Telephone number of Authorized Officer:      <b>402-477-1354</b></p>                                                                                                                                                                                 |                      |         |                                                   |                                                                                                                           |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351292</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                   | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                           |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                                         |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                                         |  |
| <p>Name of Reporting Carrier: <b>SHARON TEL CO</b></p>                                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                                         |  |
| <p>Signature of Authorized Officer: <b>Robert Schneider, Jr.</b></p>                                                                                                                                                                                    |                      |  |                                                   | <p><small>Digitally signed by Robert Schneider, Jr. DN:cn=Robert Schneider, Jr., email=sharontc@sharontc.net,O=sharon tel co,l=Hills IA 52235, Date:5/18/2017</small></p> <p>Date: <b>5/18/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Robert Schneider, Jr.</b></p>                                                                                                                                                                                 |                      |  |                                                   |                                                                                                                                                                                                         |  |
| <p>Title or position of Authorized Officer: <b>CEO</b></p>                                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                                                         |  |
| <p>Telephone number of Authorized Officer: <b>319-679-2211</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                                         |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351293</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                                 |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                                         |  |

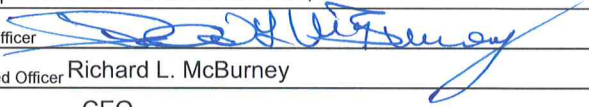
TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Name of Reporting Carrier: <b>SCRANTON TEL CO</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Signature of Authorized Officer: <b>Allen Jacob</b></p>                                                                                                                                                                                              |                      |  |                                                   | <p>Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel co,l=Scranton IA 51462, Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Allen Jacob</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer: <b>Manager</b></p>                                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer: <b>712-652-3355</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351294</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                                                |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                                                |  |
| <p>Name of Reporting Carrier: <b>SHELL ROCK COMM</b></p>                                                                                                                                                                                                       |                      |  |                                                   |                                                                                                                                                                                                                |  |
| <p>Signature of Authorized Officer: <b>Richard McBurney</b></p>                                                                                                                                                                                                |                      |  |                                                   | <p><small>Digitally signed by Richard McBurney DN: cn=Richard McBurney, email=rich@butler-bremer.biz, O=shell rock comm, l=Plainfield IA 50666-0099, Date: 5/17/2017</small></p> <p>Date: <b>5/17/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Richard McBurney</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                                                |  |
| <p>Title or position of Authorized Officer: <b>CEO</b></p>                                                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                                                                                |  |
| <p>Telephone number of Authorized Officer: <b>319-276-4458</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                                                |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351295</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                                        |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                                                |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |               |                                               |                   |                      |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                               |                   |                      |
| Name of Reporting Carrier <u>Shell Rock Communications, Inc.</u>                                                                                                                                                                                 |               |                                               |                   |                      |
| Signature of Authorized Officer                                                                                                                                 |               |                                               |                   | Date <u>4/9/2018</u> |
| Printed name of Authorized Officer <u>Richard L. McBurney</u>                                                                                                                                                                                    |               |                                               |                   |                      |
| Title or position of Authorized Officer <u>CEO</u>                                                                                                                                                                                               |               |                                               |                   |                      |
| Telephone number of Authorized Officer: <u>(319) 276-4458</u> ext. _____                                                                                                                                                                         |               |                                               |                   |                      |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <u>351295</u> | Filing Due Date for this form<br>(mm/dd/yyyy) | <u>April 2018</u> |                      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                               |                   |                      |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                             |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                             |         |
| <p>Name of Reporting Carrier: <b>HEART OF IOWA COMM.</b></p>                                                                                                                                                                                            |                      |         |                                                   |                                                                                                                                                             |         |
| <p>Signature of Authorized Officer: <b>Bryan Amundson</b></p>                                                                                                                                                                                           |                      |         |                                                   | <p>Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa comm.,l=Union IA 50258-0130, Date:5/16/2017</p> |         |
| <p>Date: <b>5/16/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                             |         |
| <p>Printed name of Authorized Officer: <b>Bryan Amundson</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                             |         |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                                             |         |
| <p>Telephone number of Authorized Officer: <b>641-486-2211</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                             |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351297</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                     | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                             |         |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                                    |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                                    |         |
| <p>Name of Reporting Carrier: <b>SOUTH SLOPE COOP TEL</b></p>                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                    |         |
| <p>Signature of Authorized Officer: <b>Chuck Deisbeck</b></p>                                                                                                                                                                                           |                      |         |                                                   | <p>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop tel, =North Liberty IA 52317, Date:5/24/2017</p> |         |
| <p>Date: <b>5/24/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                                    |         |
| <p>Printed name of Authorized Officer: <b>Chuck Deisbeck</b></p>                                                                                                                                                                                        |                      |         |                                                   |                                                                                                                                                                    |         |
| <p>Title or position of Authorized Officer: <b>CEO</b></p>                                                                                                                                                                                              |                      |         |                                                   |                                                                                                                                                                    |         |
| <p>Telephone number of Authorized Officer: <b>319-626-2211</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                                    |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351298</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                            | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                                    |         |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **FMTC-SWT, Inc.**

Signature of Authorized Officer

Date **5/22/2017**

Printed name of Authorized Officer **Joshua Hveen**

Title or position of Authorized Officer **Chief Operating Officer**

Telephone number of Authorized Officer: **(641) 210-8445** ext.

Study Area Code of Reporting Carrier

**351301**

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

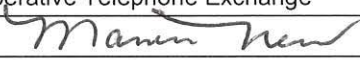
**6/16/2017**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                                     |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                                     |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SPRINGVILLE COOP TEL</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                                                     |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jean Schilling</span></p>                                                                                                                                                    |                                          |  |                                                   | <p><small>Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvl@netins.net,O=springville coop tel,l=Springville IA 52336-0009, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Jean Schilling</span></p>                                                                                                                                                                    |                                          |  |                                                   |                                                                                                                                                                                                                                     |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span></p>                                                                                                                                                               |                                          |  |                                                   |                                                                                                                                                                                                                                     |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">319-854-6107</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                                     |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351302</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                                         |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                                     |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |        |                                            |           |                |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |                                            |           |                |
| Name of Reporting Carrier Cooperative Telephone Exchange                                                                                                                                                                                         |        |                                            |           |                |
| Signature of Authorized Officer                                                                                                                                 |        |                                            |           | Date 5/16/2017 |
| Printed name of Authorized Officer Marvin Ness                                                                                                                                                                                                   |        |                                            |           |                |
| Title or position of Authorized Officer President                                                                                                                                                                                                |        |                                            |           |                |
| Telephone number of Authorized Officer: (515) 826-3206 ext.                                                                                                                                                                                      |        |                                            |           |                |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | 351303 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017 |                |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |                                            |           |                |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |         |                                                   |                                                                                                                                                                                                             |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |         |                                                   |                                                                                                                                                                                                             |         |
| <p>Name of Reporting Carrier: <b>SO. SLOPE-SWISHER</b></p>                                                                                                                                                                                                     |                      |         |                                                   |                                                                                                                                                                                                             |         |
| <p>Signature of Authorized Officer: <b>Chuck Deisbeck</b></p>                                                                                                                                                                                                  |                      |         |                                                   | <p><small>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=so.slope-swisher,l=North Liberty IA 52317, Date:5/24/2017</small></p> <p>Date: <b>5/24/2017</b></p> |         |
| <p>Printed name of Authorized Officer: <b>Chuck Deisbeck</b></p>                                                                                                                                                                                               |                      |         |                                                   |                                                                                                                                                                                                             |         |
| <p>Title or position of Authorized Officer: <b>CEO</b></p>                                                                                                                                                                                                     |                      |         |                                                   |                                                                                                                                                                                                             |         |
| <p>Telephone number of Authorized Officer: <b>319-626-2211</b></p>                                                                                                                                                                                             |                      |         |                                                   |                                                                                                                                                                                                             |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351304</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                                     | <p></p> |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |         |                                                   |                                                                                                                                                                                                             |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <b>STRATFORD MUTUAL TEL</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <b>Jen Frank</b></p>                                                                                                                                                                                                |                      |  |                                                   | <p>Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel, Stratford IA 50249, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Jen Frank</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <b>Assistant Secretary/Office Manager</b></p>                                                                                                                                                               |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <b>515-838-2390</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351305</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                           |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |         |                                                   |                                                                                                                                                          |         |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Name of Reporting Carrier: <b>SULLY TEL ASSOC</b></p>                                                                                                                                                                                                |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Signature of Authorized Officer: <b>Earl "Jack" De Angelo</b></p>                                                                                                                                                                                    |                      |         |                                                   | <p>Digitally signed by Earl "Jack" De Angelo DN:cn=Earl "Jack" De Angelo,email=jackd@sullytel.com,O=sully tel assoc,l=Sully IA 50251, Date:5/18/2017</p> |         |
| <p>Date: <b>5/18/2017</b></p>                                                                                                                                                                                                                           |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Printed name of Authorized Officer: <b>Earl "Jack" De Angelo</b></p>                                                                                                                                                                                 |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Title or position of Authorized Officer: <b>General Manager</b></p>                                                                                                                                                                                  |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Telephone number of Authorized Officer: <b>641-594-2905</b></p>                                                                                                                                                                                      |                      |         |                                                   |                                                                                                                                                          |         |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351306</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                  | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |         |                                                   |                                                                                                                                                          |         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                    |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                    |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SUPERIOR TEL COOP</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                    |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Cheryl Noble</span></p>                                                                                                                                                      |                                          |  |                                                   | <p><small>Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel coop,l=Superior IA 51363, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Cheryl Noble</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                    |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span></p>                                                                                                                                                               |                                          |  |                                                   |                                                                                                                                                                                                                    |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">712-858-4591</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                    |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351307</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                        |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                    |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |  |        |                                               |           |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |  |        |                                               |           |
| Name of Reporting Carrier: Templeton Telephone Company                                                                                                                                                                                           |  |        |                                               |           |
| Signature of Authorized Officer: <i>Patricia Snyder</i>                                                                                                                                                                                          |  |        | Date: 5/16/2017                               |           |
| Printed name of Authorized Officer: Patricia Snyder                                                                                                                                                                                              |  |        |                                               |           |
| Title or position of Authorized Officer: Secretary/Treasurer                                                                                                                                                                                     |  |        |                                               |           |
| Telephone number of Authorized Officer: (712) 669-3311, ext.                                                                                                                                                                                     |  |        |                                               |           |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             |  | 351308 | Filing Due Date for this form<br>(mm/dd/yyyy) | 6/16/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |        |                                               |           |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                  |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                  |  |
| <p>Name of Reporting Carrier: <b>TERRIL TEL. COOP.</b></p>                                                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                  |  |
| <p>Signature of Authorized Officer: <b>John Noah</b></p>                                                                                                                                                                                                       |                      |  |                                                   | <p><small>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril tel. coop.,l=Terril IA 51364, Date:5/17/2017</small></p> |  |
| <p>Date: <b>5/17/2017</b></p>                                                                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                  |  |
| <p>Printed name of Authorized Officer: <b>John Noah</b></p>                                                                                                                                                                                                    |                      |  |                                                   |                                                                                                                                                  |  |
| <p>Title or position of Authorized Officer: <b>General Manager/CCO</b></p>                                                                                                                                                                                     |                      |  |                                                   |                                                                                                                                                  |  |
| <p>Telephone number of Authorized Officer: <b>712-853-1300</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                  |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351309</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                          |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <b>TITONKA-BURT</b></p>                                                                                                                                                                                                   |               |  |                                            |                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <b>Vicky Nelson</b></p>                                                                                                                                                                                             |               |  |                                            | <p>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,l=Titonka IA 50480-0321, Date:5/23/2017</p> |  |
| <p>Date: <b>5/23/2017</b></p>                                                                                                                                                                                                                           |               |  |                                            |                                                                                                                                                 |  |
| <p>Printed name of Authorized Officer: <b>Vicky Nelson</b></p>                                                                                                                                                                                          |               |  |                                            |                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>                                                                                                                                                                              |               |  |                                            |                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <b>515-928-2110</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                                 |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>351310</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                                |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                                 |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                                                           |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                                                           |  |
| <p>Name of Reporting Carrier: <b>UNITED FARMERS TEL</b></p>                                                                                                                                                                                             |               |  |                                            |                                                                                                                                                                           |  |
| <p>Signature of Authorized Officer: <b>Roxanne White</b></p>                                                                                                                                                                                            |               |  |                                            | <p>Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel,l=Every IA 51338, Date:5/24/2017</p> <p>Date: <b>5/24/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Roxanne White</b></p>                                                                                                                                                                                         |               |  |                                            |                                                                                                                                                                           |  |
| <p>Title or position of Authorized Officer: <b>Executive Vice President</b></p>                                                                                                                                                                         |               |  |                                            |                                                                                                                                                                           |  |
| <p>Telephone number of Authorized Officer: <b>712-834-2211</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                                                           |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>351316</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                                                          |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                                                           |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                               |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                               |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">VAN BUREN TEL CO</span></p>                                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                                                                                               |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Kevin Hranicka</span></p>                                                                                                                                                                       |                                          |  |                                                   | <p><small>Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosauqua IA 52565-0430, Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Hranicka</span></p>                                                                                                                                                                    |                                          |  |                                                   |                                                                                                                                                                                                                               |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>                                                                                                                                                              |                                          |  |                                                   |                                                                                                                                                                                                                               |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">319-293-3187</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                               |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351319</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                                   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                               |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                            |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                            |  |
| <p>Name of Reporting Carrier: <b>VAN HORNE COOP TEL</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                            |  |
| <p>Signature of Authorized Officer: <b>Kerry Less</b></p>                                                                                                                                                                                               |                      |  |                                                   | <p>Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,l=Van Horne IA 52346-0096, Date:5/18/2017</p> <p>Date: <b>5/18/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Kerry Less</b></p>                                                                                                                                                                                            |                      |  |                                                   |                                                                                                                                                                            |  |
| <p>Title or position of Authorized Officer: <b>CFO - Chief Financial Officer</b></p>                                                                                                                                                                    |                      |  |                                                   |                                                                                                                                                                            |  |
| <p>Telephone number of Authorized Officer: <b>319-228-8791</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                            |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351320</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                    |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                            |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                                     |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                                     |  |
| <p>Name of Reporting Carrier: <b>VENTURA TEL CO, INC</b></p>                                                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                                                                     |  |
| <p>Signature of Authorized Officer: <b>Thomas Lovell</b></p>                                                                                                                                                                                                   |                      |  |                                                   | <p><small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel co, inc,l=Clear Lake IA 50428-0066, Date:5/16/2017</small></p> <p>Date: <b>5/16/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Thomas Lovell</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                                     |  |
| <p>Title or position of Authorized Officer: <b>General Manager/Vice President</b></p>                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                                                     |  |
| <p>Telephone number of Authorized Officer: <b>641-357-2111</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                                     |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351322</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                             |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                                     |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                     |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Name of Reporting Carrier: <b>VILLISCA FARMERS TEL</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Signature of Authorized Officer: <b>Kevin Cabbage</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,=Stanton IA 51573-0220, Date:5/24/2017</p> <p>Date: <b>5/24/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Kevin Cabbage</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Telephone number of Authorized Officer: <b>712-829-2111</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                     |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351324</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                             |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                     |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WALNUT TEL CO, INC</span></p>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;"><b>Janell Hansen</b></span></p>                                                                                                                                                                 |                                          |  |                                                   | <p><small>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=walnut tel co, inc,l=Walnut IA 51577, Date:5/23/2017</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Janell Hansen</span></p>                                                                                                                                                                     |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">712-784-2211</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                   |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351326</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                       |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                              |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Name of Reporting Carrier: <b>WEBSTER-CALHOUN COOP</b></p>                                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Signature of Authorized Officer: <b>Daryl Carlson</b></p>                                                                                                                                                                                                   |                      |  |                                                   | <p><small>Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=daryl@wccta.com,O=webster-calhoun coop, Gowrie IA 50543-0475, Date:5/24/2017</small></p> <p>Date: <b>5/24/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Daryl Carlson</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Title or position of Authorized Officer: <b>Executive Vice President/General Manager</b></p>                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Telephone number of Authorized Officer: <b>515-352-3151</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                              |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351328</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                      |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                              |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                                          |  |                                                   |                                                                                                                                                          |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WELLMAN COOP TEL</span></p>                                                                                                                                                                    |                                          |  |                                                   |                                                                                                                                                          |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Jayne Hochstedler</span></p>                                                                                                                                                             |                                          |  |                                                   | <p>Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop tel,l=Wellman IA 52356-0170, Date:5/18/2017</p> |  |
| <p>Date: <span style="color: blue;">5/18/2017</span></p>                                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                          |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Jayne Hochstedler</span></p>                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">319-646-6075</span></p>                                                                                                                                                           |                                          |  |                                                   |                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <span style="color: blue;">351329</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                              |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                                          |  |                                                   |                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                      |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Name of Reporting Carrier: <b>WEST IOWA TEL CO</b></p>                                                                                                                                                                                               |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Signature of Authorized Officer: <b>Robert Gannon</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel co,l=Remsen IA 51050-0330, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Robert Gannon</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>                                                                                                                                                                          |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Telephone number of Authorized Officer: <b>712-786-5572</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351331</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                              |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                      |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                         |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                         |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WEST LIBERTY TEL CO</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                         |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Craig Bieber</span></p>                                                                                                                                                      |                                          |  |                                                   | <p><small>Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,l= , Date:5/18/2017</small></p> <p>Date: <span style="color: blue;">5/18/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Craig Bieber</span></p>                                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                         |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Controller/Treasurer</span></p>                                                                                                                                                         |                                          |  |                                                   |                                                                                                                                                                                                         |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">319-627-2145</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                         |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351332</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                             |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                         |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                                |               |  |                                            |                                                                                                                                                        |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |                                            |                                                                                                                                                        |  |
| <p>Name of Reporting Carrier: <b>WESTERN IOWA ASSN</b></p>                                                                                                                                                                                              |               |  |                                            |                                                                                                                                                        |  |
| <p>Signature of Authorized Officer: <b>Heath Mallory</b></p>                                                                                                                                                                                            |               |  |                                            | <p>Digitally signed by Heath Mallory DN:cn=Heath Mallory,email=heath.mallory@wiatel.com,O=western iowa assn, =Lawton IA 51030-0038, Date:5/18/2017</p> |  |
| <p>Date: <b>5/18/2017</b></p>                                                                                                                                                                                                                           |               |  |                                            |                                                                                                                                                        |  |
| <p>Printed name of Authorized Officer: <b>Heath Mallory</b></p>                                                                                                                                                                                         |               |  |                                            |                                                                                                                                                        |  |
| <p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>                                                                                                                                                                          |               |  |                                            |                                                                                                                                                        |  |
| <p>Telephone number of Authorized Officer: <b>712-944-5711</b></p>                                                                                                                                                                                      |               |  |                                            |                                                                                                                                                        |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    | <b>351334</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2017</b>                                                                                                                                       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |                                            |                                                                                                                                                        |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                                          |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |                                                   |                                                                                                                                                                                                          |  |
| <p>Name of Reporting Carrier:      <b>WESTSIDE INDEPENDENT</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                                                                          |  |
| <p>Signature of Authorized Officer:      <b>Kevin Skinner</b></p>                                                                                                                                                                                              |                      |  |                                                   | <p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside independent,l=Breda IA 51436-0109, Date:5/19/2017</small></p> <p>Date:      <b>5/19/2017</b></p> |  |
| <p>Printed name of Authorized Officer:      <b>Kevin Skinner</b></p>                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                                                                          |  |
| <p>Title or position of Authorized Officer:      <b>CFO</b></p>                                                                                                                                                                                                |                      |  |                                                   |                                                                                                                                                                                                          |  |
| <p>Telephone number of Authorized Officer:      <b>712-673-2311</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                                                                          |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <p><b>351335</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                                                  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                      |  |                                                   |                                                                                                                                                                                                          |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                      |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Name of Reporting Carrier: <b>WILTON TEL CO</b></p>                                                                                                                                                                                                  |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Signature of Authorized Officer: <b>Stacie Harris</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilton tel co,l=Wilton IA 52778-0970, Date:5/16/2017</p> <p>Date: <b>5/16/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Stacie Harris</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Title or position of Authorized Officer: <b>General Manager/CFO</b></p>                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Telephone number of Authorized Officer: <b>563-732-3000</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                      |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351336</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                              |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                      |  |



TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported                                                                                                                                                                         |               |                                               |                       |
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| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |                                               |                       |
| Name of Reporting Carrier <u>Woolstock Mutual Telephone Assn.</u>                                                                                                                                                                                |               |                                               |                       |
| Signature of Authorized Officer <u>[Signature]</u>                                                                                                                                                                                               |               |                                               | Date <u>5-18-2017</u> |
| Printed name of Authorized Officer <u>Chris Simmons</u>                                                                                                                                                                                          |               |                                               |                       |
| Title or position of Authorized Officer <u>General Manager</u>                                                                                                                                                                                   |               |                                               |                       |
| Telephone number of Authorized Officer <u>675-839-5571</u>                                                                                                                                                                                       |               |                                               |                       |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | <u>351342</u> | Filing Due Date for this form<br>(mm/dd/yyyy) | <u>6/16/2017</u>      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |                                               |                       |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                 |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                 |  |
| <p>Name of Reporting Carrier: <b>WYOMING MUTUAL TEL</b></p>                                                                                                                                                                                             |                      |  |                                                   |                                                                                                                                                 |  |
| <p>Signature of Authorized Officer: <b>Debra Williams</b></p>                                                                                                                                                                                           |                      |  |                                                   | <p>Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel,l=Wyoming IA 52362, Date:5/22/2017</p> |  |
| <p>Date: <b>5/22/2017</b></p>                                                                                                                                                                                                                           |                      |  |                                                   |                                                                                                                                                 |  |
| <p>Printed name of Authorized Officer: <b>Debra Williams</b></p>                                                                                                                                                                                        |                      |  |                                                   |                                                                                                                                                 |  |
| <p>Title or position of Authorized Officer: <b>Office Manager/Board Secretary</b></p>                                                                                                                                                                   |                      |  |                                                   |                                                                                                                                                 |  |
| <p>Telephone number of Authorized Officer: <b>563-488-2535</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                 |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351343</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                         |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                 |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Name of Reporting Carrier: <b>PRAIRIE TEL CO</b></p>                                                                                                                                                                                                 |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Signature of Authorized Officer: <b>Kevin Skinner</b></p>                                                                                                                                                                                            |                      |  |                                                   | <p>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=prairie tel co,l=Breda IA 51436-0109, Date:5/19/2017</p> <p>Date: <b>5/19/2017</b></p> |  |
| <p>Printed name of Authorized Officer: <b>Kevin Skinner</b></p>                                                                                                                                                                                         |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Title or position of Authorized Officer: <b>CFO</b></p>                                                                                                                                                                                              |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Telephone number of Authorized Officer: <b>712-673-2311</b></p>                                                                                                                                                                                      |                      |  |                                                   |                                                                                                                                                                                |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                             | <p><b>351344</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2017</b></p>                                                                                                                                                        |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |  |                                                   |                                                                                                                                                                                |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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| Name of Reporting Carrier                                                                                                                                                                                                                               |  |        |                      | Prairie Telephone Co., Inc.                |      |            |  |                      |
| Signature of Authorized Officer                                                                                                                                                                                                                         |  |        | <i>Kevin Skinner</i> |                                            | Date |            |  | 03/02/2018           |
| Printed name of Authorized Officer                                                                                                                                                                                                                      |  |        |                      |                                            |      |            |  | Kevin Skinner        |
| Title or position of Authorized Officer                                                                                                                                                                                                                 |  |        |                      |                                            |      |            |  | CFO                  |
| Telephone number of Authorized Officer:                                                                                                                                                                                                                 |  |        |                      |                                            |      |            |  | (712) 673-2311, ext. |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                    |  | 351344 |                      | Filing Due Date for this form (mm/dd/yyyy) |      | March 2018 |  |                      |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |  |        |                      |                                            |      |            |  |                      |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                              |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                              |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS IA</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                              |  |
| <p>Signature of Authorized Officer: <span style="color: blue;"><b>Kari Flanagan</b></span></p>                                                                                                                                                                 |                                          |  |                                                   | <p><small>Digitally signed by Kari Flanagan DN: cn=Kari Flanagan, email=karif@alliance.coop, O=alliance-hills ia, l=Garretson SD 57030, Date: 5/23/2017</small></p> <p>Date: <span style="color: blue;">5/23/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>                                                                                                                                                                     |                                          |  |                                                   |                                                                                                                                                                                                                              |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                              |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">605-594-8228</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                              |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351405</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                                  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                              |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                  |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">KILLDUFF TEL. CO.</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                  |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gary Neill</span></p>                                                                                                                                                        |                                          |  |                                                   | <p><small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=killduff tel. co.,l= , Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Gary Neill</span></p>                                                                                                                                                                        |                                          |  |                                                   |                                                                                                                                                                                                  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Consultant</span></p>                                                                                                                                                                   |                                          |  |                                                   |                                                                                                                                                                                                  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">402-477-1354</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                  |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351407</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                      |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                                |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MABEL COOP TEL-IA</span></p>                                                                                                                                                                          |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Julie Kolka</span></p>                                                                                                                                                       |                                          |  |                                                   | <p><small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop tel-ia, =Mabel MN 55954, Date:5/17/2017</small></p> <p>Date: <span style="color: blue;">5/17/2017</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Julie Kolka</span></p>                                                                                                                                                                       |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Interim General Manager</span></p>                                                                                                                                                      |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">507-493-5411</span></p>                                                                                                                                                                  |                                          |  |                                                   |                                                                                                                                                                                                                      |  |
| <p>Study Area Code of Reporting Carrier</p>                                                                                                                                                                                                                    | <span style="color: blue;">351424</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2017</span>                                                                                                                                                                          |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p> |                                          |  |                                                   |                                                                                                                                                                                                                      |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

|                                                                                                                                                                                                                                                  |                   |                                               |          |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------|----------|--------------------|
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>                                                                                                                                                                  |                   |                                               |          |                    |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |                   |                                               |          |                    |
| Name of Reporting Carrier <b>See Attached List</b>                                                                                                                                                                                               |                   |                                               |          |                    |
| Signature of Authorized Officer <i>Michael T. Skrivan</i>                                                                                                                                                                                        |                   |                                               |          | Date <b>5/2/18</b> |
| Printed name of Authorized Officer <b>Michael T. Skrivan</b>                                                                                                                                                                                     |                   |                                               |          |                    |
| Title or position of Authorized Officer <b>Vice President Regulatory</b>                                                                                                                                                                         |                   |                                               |          |                    |
| Telephone number of Authorized Officer: <b>(207) 535-4150</b> ext.                                                                                                                                                                               |                   |                                               |          |                    |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                             | See Attached List | Filing Due Date for this form<br>(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.                           |