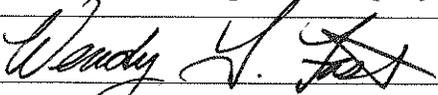


**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Consolidated Telephone Company**

Signature of Authorized Officer		Date May 23, 2018
---------------------------------	--	----------------------

Printed name of Authorized Officer                      Wendy T. Fast

Title or position of Authorized Officer                      President

Telephone number of Authorized Officer:                      ( 402 ) 489-2728                      ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>371532</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
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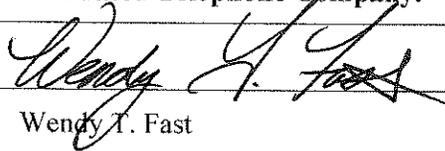
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

Name of Reporting Carrier **Consolidated Telephone Company.**

Signature of Authorized Officer



Date  
May 23, 2017

Printed name of Authorized Officer

Wendy T. Fast

Title or position of Authorized Officer **President**

Telephone number or Authorized  
Officer.

**( 402 ) 489-2728** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**371532**

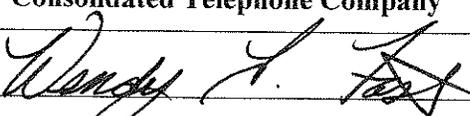
Filing Due Date for this form  
(mm/dd/yyyy)

**06/18/2018**

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.

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

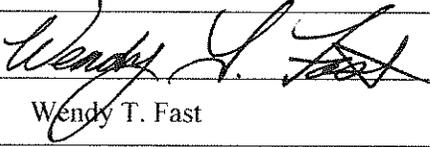
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier	<b>Consolidated Telephone Company</b>		
Signature of Authorized Officer			Date May 23, 2018
Printed name of Authorized Officer	Wendy T. Fast		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	( 402 ) 489-2728 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	371532	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

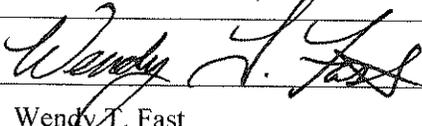
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier		<b>Consolidated Telephone Company</b>	
Signature of Authorized Officer		Date	May 23, 2018
Printed name of Authorized Officer	Wendy T. Fast		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	( 402 ) 489-2728		ext. _ _ _ _ _
Study Area Code of Reporting Carrier	<b>371532</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.			

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

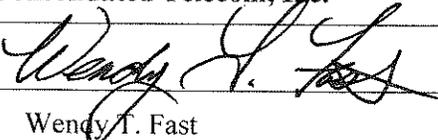
**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Consolidated Telecom, Inc		
Signature of Authorized Officer		Date	May 23, 2018
Printed name of Authorized Officer	Wendy T. Fast		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	( 402 ) 489-2728	ext.	_____
Study Area Code of Reporting Carrier	371562	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

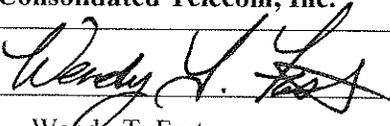
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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		<b>Consolidated Telecom, Inc.</b>	
Signature of Authorized Officer			Date May 23, 2017
Printed name of Authorized Officer		Wendy T. Fast	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		( 402 ) 489-2728 ext. _ _ _ _ _	
Study Area Code of Reporting Carrier	<b>371562</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.			

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

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

Name of Reporting Carrier		<b>Consolidated Telecom, Inc.</b>	
Signature of Authorized Officer			Date May 23, 2018
Printed name of Authorized Officer		Wendy T. Fast	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		( 402 ) 489-2728 ext. _____	
Study Area Code of Reporting Carrier	<b>371562</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.

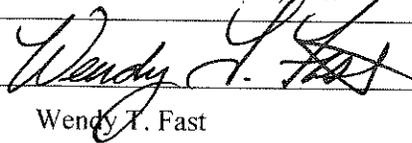
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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

Name of Reporting Carrier

**Consolidated Telecom, Inc.**

Signature of Authorized Officer



Date

May 23, 2018

Printed name of Authorized Officer

Wendy T. Fast

Title or position of Authorized Officer

President

Telephone number or Authorized Officer.

( 402 ) 489-2728

ext. \_ \_ \_ \_ \_

Study Area Code of Reporting Carrier

**371562**

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

**06/18/2018**

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.

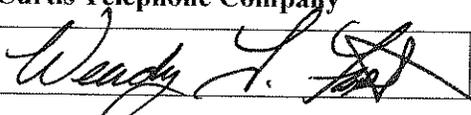
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Curtis Telephone Company**

Signature of Authorized Officer



Date  
May 23, 2018

Printed name of Authorized Officer                      Wendy T. Fast

Title or position of Authorized Officer                      President

Telephone number of Authorized Officer.                      ( 402 ) 489-2728                      ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier                      **371536**

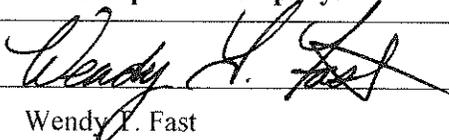
Filing Due Date for this form  
(mm/dd/yyyy)

06/18/2018

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.

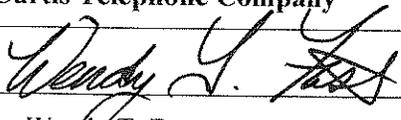
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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	<b>Curtis Telephone Company.</b>		
Signature of Authorized Officer		Date	May 23, 2017
Printed name of Authorized Officer	Wendy T. Fast		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	( 402 ) 489-2728 ext. _____		
Study Area Code of Reporting Carrier	<b>371536</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.			

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

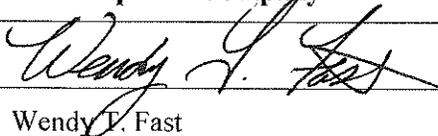
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier		<b>Curtis Telephone Company</b>	
Signature of Authorized Officer			Date May 23, 2018
Printed name of Authorized Officer		Wendy T. Fast	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		( 402 ) 489-2728 ext. _____	
Study Area Code of Reporting Carrier	<b>371536</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.

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

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

Name of Reporting Carrier	<b>Curtis Telephone Company</b>		
Signature of Authorized Officer		Date	May 23, 2018
Printed name of Authorized Officer	Wendy T. Fast		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	( 402 ) 489-2728 ext. _____		
Study Area Code of Reporting Carrier	<b>371536</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Arlington Telephone Company**

Signature of Authorized Officer



Date

6-7-2018

Printed name of Authorized Officer

Joe Jetensky

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

(402) 426 6245

Study Area Code of Reporting Carrier

371517

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

06/18/2018

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.

**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	Arlington Telephone Company		
Signature of Authorized Officer		Date	6-7-2018
Printed name of Authorized Officer	Joe Jetensky		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(402) 426 6245		
Study Area Code of Reporting Carrier	371517	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

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

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

Name of Reporting Carrier	<b>Arlington Telephone Company</b>		
Signature of Authorized Officer		Date	6-7-2018
Printed name of Authorized Officer	Joe Jetensky		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(402) 426 6245		
Study Area Code of Reporting Carrier	371517	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

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

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

Name of Reporting Carrier	<b>Arlington Telephone Company</b>		
Signature of Authorized Officer		Date	<b>6-7-2018</b>
Printed name of Authorized Officer	<b>Joe Jetensky</b>		
Title or position of Authorized Officer	<b>President</b>		
Telephone number of Authorized Officer.	<b>(402) 426 6245</b>		
Study Area Code of Reporting Carrier	<b>371517</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.			

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Eastern Nebraska Telephone Company		
Signature of Authorized Officer		Date	6-7-2018
Printed name of Authorized Officer	Joe Jetensky		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(402) 426 6245		
Study Area Code of Reporting Carrier	<b>371542</b>		Filing Due Date for this form (mm/dd/yyyy)
			06/18/2018
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.			

**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.**

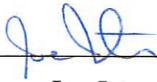
Name of Reporting Carrier	<b>Eastern Nebraska Telephone Company</b>		
Signature of Authorized Officer		Date	<b>6-7-2018</b>
Printed name of Authorized Officer	<b>Joe Jetensky</b>		
Title or position of Authorized Officer	<b>President</b>		
Telephone number of Authorized Officer.	<b>(402) 426 6245</b>		
Study Area Code of Reporting Carrier	<b>371542</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.			

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

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

Name of Reporting Carrier                      **Eastern Nebraska Telephone Company**

Signature of Authorized Officer



Date

6-7-2018

Printed name of Authorized Officer

Joe Jetensky

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

(402) 426 6245

Study Area Code of Reporting Carrier

371542

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

06/18/2018

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.



**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Rock County Tel. Co.		
Signature of Authorized Officer		Date	6-7-2018
Printed name of Authorized Officer	Joe Jetensky		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(402) 426 6245		
Study Area Code of Reporting Carrier	<b>371586</b>		Filing Due Date for this form (mm/dd/yyyy)
		06/18/2018	
<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>			

**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	<b>Rock County Tel. Co.</b>		
Signature of Authorized Officer		Date	6-7-2018
Printed name of Authorized Officer	Joe Jetensky		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(402) 426 6245		
Study Area Code of Reporting Carrier	<b>371586</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

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

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

Name of Reporting Carrier                      **Rock County Tel. Co.**

Signature of Authorized Officer



Date

*6-7-2018*

Printed name of Authorized Officer

**Joe Jetensky**

Title or position of Authorized Officer

**President**

Telephone number of Authorized Officer.

**(402) 426 6245**

Study Area Code of Reporting Carrier

**371586**

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

**06/18/2018**

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.

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

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

Name of Reporting Carrier                      **Rock County Tel. Co.**

Signature of Authorized Officer                                            Date                      **6-7-2018**

Printed name of Authorized Officer                      **Joe Jetensky**

Title or position of Authorized Officer                      **President**

Telephone number of Authorized Officer.                      **(402) 426 6245**

Study Area Code of Reporting Carrier	<b>371586</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>The Blair Telephone Company</b>		
Signature of Authorized Officer		Date	6-7-2018
Printed name of Authorized Officer	Joe Jetensky		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(402) 426 6245		
Study Area Code of Reporting Carrier	<b>371524</b>		Filing Due Date for this form (mm/dd/yyyy)
			06/18/2018
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.			

**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	<b>The Blair Telephone Company</b>		
Signature of Authorized Officer		Date	6-7-2018
Printed name of Authorized Officer	Joe Jetensky		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(402) 426 6245		
Study Area Code of Reporting Carrier	371524	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

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

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

Name of Reporting Carrier	<b>The Blair Telephone Company</b>		
Signature of Authorized Officer		Date	6-7-2018
Printed name of Authorized Officer	Joe Jetensky		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(402) 426 6245		
Study Area Code of Reporting Carrier	371524	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

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

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

Name of Reporting Carrier	<b>The Blair Telephone Company</b>		
Signature of Authorized Officer		Date	<b>6-7-2018</b>
Printed name of Authorized Officer	<b>Joe Jetensky</b>		
Title or position of Authorized Officer	<b>President</b>		
Telephone number of Authorized Officer.	<b>(402) 426 6245</b>		
Study Area Code of Reporting Carrier	<b>371524</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.			

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Arkwest Communications, Inc.		
Signature of Authorized Officer		Date	05/24/2018
Printed name of Authorized Officer	P.T. Sanders		
Title or position of Authorized Officer	President & G.M.		
Telephone number of Authorized Officer.	( 479 )495-4200 ext. _ _ _ _		
Study Area Code of Reporting Carrier	401734	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

**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                      **Arkwest Communications, Inc.**

Signature of Authorized Officer



Date

05/24/2018

Printed name of Authorized Officer

P.T. Sanders

Title or position of Authorized Officer

President & G.M.

Telephone number of Authorized Officer.

(479)495-4200

Study Area Code of Reporting Carrier

401734

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

06/18/2018

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.

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

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

Name of Reporting Carrier		Arkwest Communications, Inc.	
Signature of Authorized Officer		Date	
		05/24/2018	
Printed name of Authorized Officer		P.T. Sanders	
Title or position of Authorized Officer		President & G.M.	
Telephone number of Authorized Officer.		(479)495-4200	
Study Area Code of Reporting Carrier	401734	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

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

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

Name of Reporting Carrier		<b>Arkwest Communications, Inc.</b>	
Signature of Authorized Officer		Date	<b>05/24/2018</b>
Printed name of Authorized Officer	<b>P.T. Sanders</b>		
Title or position of Authorized Officer	<b>President &amp; G.M.</b>		
Telephone number of Authorized Officer.	<b>(479)495-4200</b>		
Study Area Code of Reporting Carrier	<b>401734</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.			

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Atlantic Telephone Membership Corporation		
Signature of Authorized Officer	<i>Kim Edwards</i>	Date	May 25, 2018
Printed name of Authorized Officer	Kim Edwards		
Title or position of Authorized Officer	Vice President, Accounting and Finance		
Telephone number of Authorized Officer.	(910) 755-1785 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>230468</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.

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

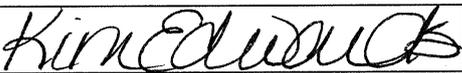
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>Atlantic Telephone Membership Corporation</b>		
Signature of Authorized Officer	<i>Kim Edwards</i>	Date	May 25, 2018
Printed name of Authorized Officer	Kim Edwards		
Title or position of Authorized Officer	Vice President, Accounting and Finance		
Telephone number or Authorized Officer.	(910) 755-1785 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>230468</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.

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

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

Name of Reporting Carrier	<b>Atlantic Telephone Membership Corporation</b>		
Signature of Authorized Officer		Date	May 25, 2018
Printed name of Authorized Officer	Kim Edwards		
Title or position of Authorized Officer	Vice President, Accounting and Finance		
Telephone number of Authorized Officer.	(910) 755-1785 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	<b>230468</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

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

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

Name of Reporting Carrier		<b>Atlantic Telephone Membership Corporation</b>	
Signature of Authorized Officer		<i>Kim Edwards</i>	Date May 25, 2018
Printed name of Authorized Officer		Kim Edwards	
Title or position of Authorized Officer		Vice President, Accounting and Finance	
Telephone number of Authorized Officer.		(910) 755-1785 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>230468</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Bixby Telephone Company		
Signature of Authorized Officer		Date	6/8/18
Printed name of Authorized Officer	Scott Lowry		
Title or position of Authorized Officer	President/CEO		
Telephone number of Authorized Officer.	(918) 366 0250 ext. _____		
Study Area Code of Reporting Carrier	431969	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

**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	<b>Bixby Telephone Company</b>		
Signature of Authorized Officer	<i>Scott Lowry</i>	Date	<i>6/18/18</i>
Printed name of Authorized Officer	Scott Lowry		
Title or position of Authorized Officer	President.CEO		
Telephone number of Authorized Officer.	<i>(918) 366 0250</i> ext. _____		
Study Area Code of Reporting Carrier	<b>431969</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.			

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

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

Name of Reporting Carrier		<b>Bixby Telephone Company</b>	
Signature of Authorized Officer	<i>Scott Lowry</i>	Date	6/8/18
Printed name of Authorized Officer	Scott Lowry		
Title or position of Authorized Officer	President/CEO		
Telephone number of Authorized Officer.	(918) 366 0250 ext. _____		
Study Area Code of Reporting Carrier	431969	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

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

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

Name of Reporting Carrier	<b>Bixby Telephone Company</b>		
Signature of Authorized Officer	<i>Scott Lowry</i>	Date	<i>6/8/18</i>
Printed name of Authorized Officer	Scott Lowry		
Title or position of Authorized Officer	President/CEO		
Telephone number of Authorized Officer.	<i>(918) 366 0250</i> ext. _____		
Study Area Code of Reporting Carrier	<b>431969</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.			

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Blackfoot Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer		Date	4/7/18
Printed name of Authorized Officer	Stacey Mueller		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer.	(406) 541 5424 ext. _ _ _ _		
Study Area Code of Reporting Carrier	482235	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

**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 **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/7/18

Printed name of Authorized Officer

Stacey Mueller

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(406) 541 5424 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

482235

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

06/18/2018

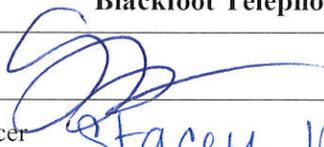
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

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

Signature of Authorized Officer



Date

6/7/18

Printed name of Authorized Officer

Stacey Mueller

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(406) 541 5424 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

482235

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

06/18/2018

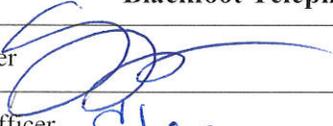
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

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

Signature of Authorized Officer



Date

6/7/18

Printed name of Authorized Officer

Stacey Mueller

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(406) 541 5424 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

482235

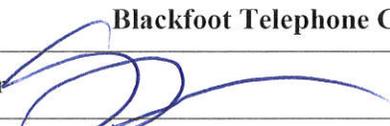
Filing Due Date for this form  
(mm/dd/yyyy)

06/18/2018

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.

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

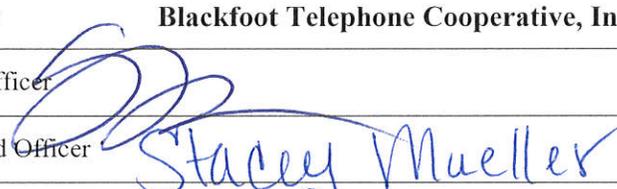
Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Blackfoot Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer			Date <b>6/7/18</b>
Printed name of Authorized Officer	<b>Stacey Mueller</b>		
Title or position of Authorized Officer	<b>Chief Financial Officer</b>		
Telephone number or Authorized Officer.	<b>(406) 541 5424</b> ext. _____		
Study Area Code of Reporting Carrier	<b>483308</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</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.

**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 **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer 

Date **6/7/18**

Printed name of Authorized Officer

**Stacey Mueller**

Title or position of Authorized Officer

**Chief Financial Officer**

Telephone number of Authorized Officer.

**(406) 541 5424** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**483308**

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

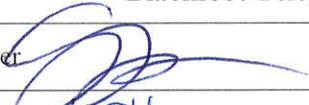
**06/18/2018**

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.

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

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

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

Signature of Authorized Officer 

Date **6/7/18**

Printed name of Authorized Officer

**Stacey Mueller**

Title or position of Authorized Officer

**Chief Financial Officer**

Telephone number of Authorized Officer.

**(406) 5415424** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**483308**

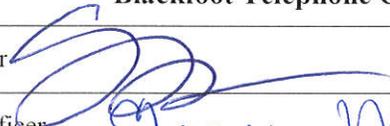
Filing Due Date for this form  
(mm/dd/yyyy)

**06/18/2018**

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.

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

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

Name of Reporting Carrier		<b>Blackfoot Telephone Cooperative, Inc.</b>	
Signature of Authorized Officer		Date	6/7/18
Printed name of Authorized Officer	Stacey Mueller		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer.	(406) 541 5424 ext. _____		
Study Area Code of Reporting Carrier	483308	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Bluffton Telephone Company**

Signature of Authorized Officer

Date

5/31/18

Printed name of Authorized Officer                      Andrew Rein

Title or position of Authorized Officer                      CFO

Telephone number or Authorized Officer.                      ( 843 ) 686 1246 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240512**

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

06/18/2018

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.

**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                      **Bluffton Telephone Company**

Signature of Authorized Officer



Date

5/31/18

Printed name of Authorized Officer

Andrew Rein

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

( 843 ) 686 1246 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**240512**

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

06/18/2018

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.

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

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

Name of Reporting Carrier                      **Bluffton Telephone Company**

Signature of Authorized Officer                                            Date                      **5/31/18**

Printed name of Authorized Officer                      Andrew Rein

Title or position of Authorized Officer                      CFO

Telephone number of Authorized Officer.                      ( 843 ) 686 1246 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>240512</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier                      **Bluffton Telephone Company**

Signature of Authorized Officer



Date

**5/31/18**

Printed name of Authorized Officer

**Andrew Rein**

Title or position of Authorized Officer

**CFO**

Telephone number of Authorized Officer.

**( 843 ) 686 1246 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240512**

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

**06/18/2018**

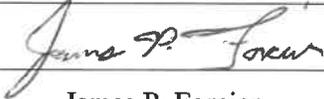
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer                                            Date                      5/26/18

Printed name of Authorized Officer                      James P. Forcier

Title or position of Authorized Officer                      CEO

Telephone number of Authorized Officer.                      (518)-962-8211

Study Area Code of Reporting Carrier	<b>150079</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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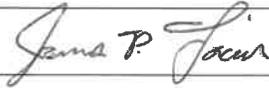
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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                      **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer



Date

*5/26/18*

Printed name of Authorized Officer

**James P. Forcier**

Title or position of Authorized Officer

**CEO**

Telephone number of Authorized Officer.

**(518) 962-8211**

Study Area Code of Reporting Carrier

**150079**

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

**06/18/2018**

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

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

Name of Reporting Carrier                      **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer              *James P. Forcier*                      Date              *5/26/18*

Printed name of Authorized Officer              James P. Forcier

Title or position of Authorized Officer              CEO

Telephone number of Authorized Officer.              (518) 962-8211

Study Area Code of Reporting Carrier	<b>150079</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
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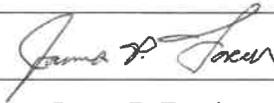
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier                      **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer



Date

*5/26/18*

Printed name of Authorized Officer

James P. Forcier

Title or position of Authorized Officer

CEO

Telephone number of Authorized Officer.

(518) 962-8211

Study Area Code of Reporting Carrier

**150079**

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

**06/18/2018**

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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications		
Signature of Authorized Officer	<i>Cindy Rothstein</i>	Date	5/29/2018
Printed name of Authorized Officer	Cindy Rothstein		
Title or position of Authorized Officer	Executive Director of Finance		
Telephone number or Authorized Officer.	(336) 876-6304		
Study Area Code of Reporting Carrier	<b>240515</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

**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	<b>Chesnee Telephone Company, Inc. d/b/a Chesnee Communications</b>		
Signature of Authorized Officer	<i>Cindy Rothstein</i>	Date	<i>5/29/2018</i>
Printed name of Authorized Officer	Cindy Rothstein		
Title or position of Authorized Officer	Executive Director of Finance		
Telephone number of Authorized Officer.	(336) 876-6304		
Study Area Code of Reporting Carrier	<b>240515</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier                      **Chesnee Telephone Company, Inc. d/b/a Chesnee Communications**

Signature of Authorized Officer

*Cindy Rothstein*

Date

*5/29/2018*

Printed name of Authorized Officer

Cindy Rothstein

Title or position of Authorized Officer

Executive Director of Finance

Telephone number of Authorized Officer.

(336) 876-6304

Study Area Code of Reporting Carrier

**240515**

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

06/18/2018

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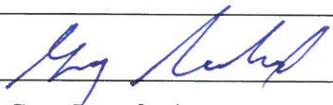
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier		<b>Chesnee Telephone Company, Inc. d/b/a Chesnee Communications</b>	
Signature of Authorized Officer		<i>Cindy Rothstein</i>	Date <i>5/29/2018</i>
Printed name of Authorized Officer		Cindy Rothstein	
Title or position of Authorized Officer		Executive Director of Finance	
Telephone number of Authorized Officer.		(336) 876-6304	
Study Area Code of Reporting Carrier	<b>240515</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Citizens Telephone Company d/b/a Comporium Communications</b>		
Signature of Authorized Officer		Date 06/08/18	
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number of Authorized Officer.	(803 ) 326-7170 _____ ext. _____		
Study Area Code of Reporting Carrier	<b>230473</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

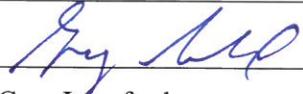
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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 d/b/a Comporium Communications**

Signature of Authorized Officer



Date 06/08/18

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number or Authorized Officer.

( 803 ) 326-7170      \_\_\_\_\_ ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**230473**

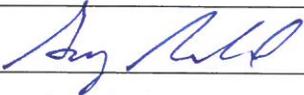
Filing Due Date for this form  
(mm/dd/yyyy)

06/18/2018

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

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

Name of Reporting Carrier		<b>Citizens Telephone Company d/b/a Comporium Communications</b>	
Signature of Authorized Officer			Date 06/08/18
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President – Regulatory Affairs	
Telephone number or Authorized Officer.		( 803 ) 326-7170 _____ ext. _____	
Study Area Code of Reporting Carrier	<b>230473</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

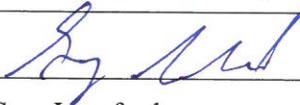
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier                      **Citizens Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date 06/08/18

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number or Authorized Officer.

( 803\_ ) 326-7170      \_ \_ \_ \_ \_ ext. \_ \_ \_ \_ \_

Study Area Code of Reporting Carrier

**230473**

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

**06/18/2018**

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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Lancaster Telephone Company d/b/a Comporium Communications</b>		
Signature of Authorized Officer		Date	06/08/18
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number of Authorized Officer.	( 803 ) 326-7170 _____ ext. _____		
Study Area Code of Reporting Carrier	<b>240531</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

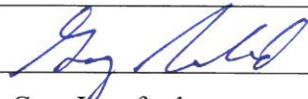
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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                      **Lancaster Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date    06/08/18

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803 \_ ) 326-7170      \_ \_ \_ \_ \_ ext. \_ \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240531**

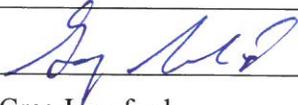
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

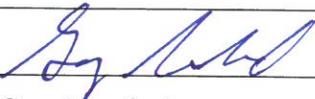
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Name of Reporting Carrier		<b>Lancaster Telephone Company d/b/a Comporium Communications</b>	
Signature of Authorized Officer			Date 06/08/18
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President – Regulatory Affairs	
Telephone number or Authorized Officer.		(803) 326-7170 _____ ext. _____	
Study Area Code of Reporting Carrier	<b>240531</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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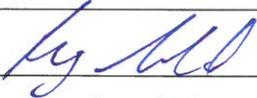
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier	<b>Lancaster Telephone Company d/b/a Comporium Communications</b>		
Signature of Authorized Officer		Date	06/08/18
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803 ) 326-7170 _____ ext. _____		
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Fort Mill Telephone Company d/b/a Comporium Communications</b>		
Signature of Authorized Officer		Date	06/08/18
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	( 803 ) 326-7170 _____ ext. _____		
Study Area Code of Reporting Carrier	<b>240521</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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**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.**

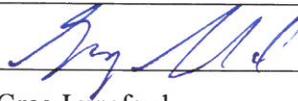
Name of Reporting Carrier		<b>Fort Mill Telephone Company d/b/a Comporium Communications</b>	
Signature of Authorized Officer		Date 06/08/18	
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President – Regulatory Affairs	
Telephone number or Authorized Officer.		( 803 ) 326-7170 _____ ext. _____	
Study Area Code of Reporting Carrier	<b>240521</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier **Fort Mill Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date 06/08/18

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President -Regulatory Affairs

Telephone number or Authorized Officer.

( 803 ) 326-7170 \_\_\_\_\_ ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**240521**

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

06/18/2018

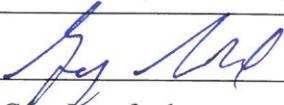
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier **Fort Mill Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date 06/08/18

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number or Authorized Officer.

(803 ) 326-7170 \_\_\_\_\_ ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**240521**

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

**06/18/2018**

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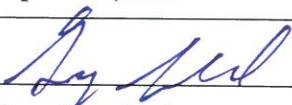
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Comporium, Inc.</b>		
Signature of Authorized Officer		Date	06/08/18
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number of Authorized Officer.	( 803 ) 326-7170 _ _ _ _ _ ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	<b>240542</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
<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>			

**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	<b>Comporium, Inc.</b>		
Signature of Authorized Officer		Date	06/08/18
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number of Authorized Officer.	( 803 ) 326-7170 _____ ext. _____		
Study Area Code of Reporting Carrier	<b>240542</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

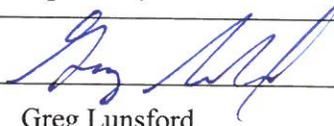
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

Name of Reporting Carrier **Comporium, Inc.**

Signature of Authorized Officer



Date 06/08/18

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number or Authorized Officer.

( 803 ) 326-7170 \_\_\_\_\_ ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**240542**

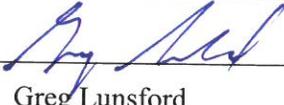
Filing Due Date for this form  
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06/18/2018

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.

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

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

Name of Reporting Carrier	<b>Comporium, Inc.</b>		
Signature of Authorized Officer		Date	06/08/18
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number of Authorized Officer.	( 803 _ ) 326-7170 _ _ _ _ _ ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	<b>240542</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>

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