

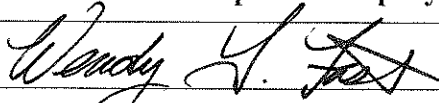
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 or Authorized Officer. (402) 489-2728 ext. _ _ _ _

Study Area Code of Reporting Carrier **371532**

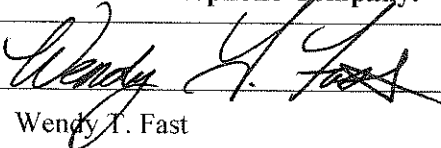
Filing Due Date for this form
(mm/dd/yyyy)

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 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.

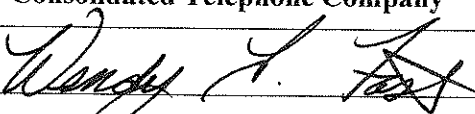
Name of Reporting Carrier	Consolidated Telephone Company.		
Signature of Authorized Officer		Date	May 23, 2017
Printed name of Authorized Officer	Wendy T. Fast		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(402) 489-2728 ext. _ _ _ _ _		
Study Area Code 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 **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 or Authorized
Officer.

(402) 489-2728

ext. _ _ _ _ _

Study Area Code of Reporting Carrier

371532

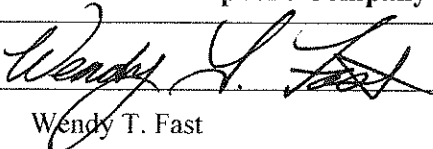
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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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	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 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.

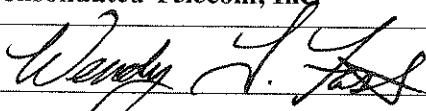
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 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

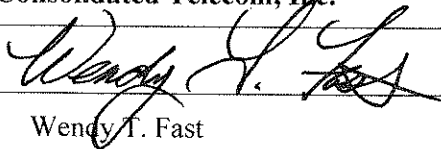
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer 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 Telecom, Inc.**

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

371562

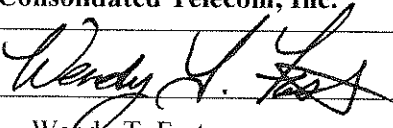
Filing Due Date for this form
(mm/dd/yyyy)

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	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

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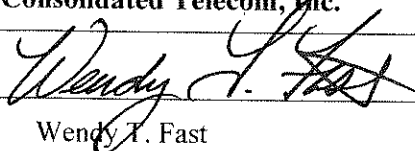
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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

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

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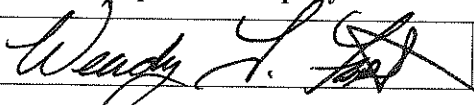
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **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**

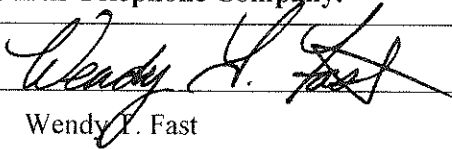
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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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	Curtis 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	371536	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

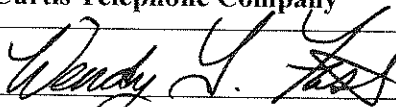
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **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 or Authorized
Officer.

(402) 489-2728

ext. _ _ _ _

Study Area Code of Reporting Carrier

371536

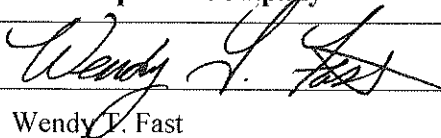
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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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	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

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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 **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

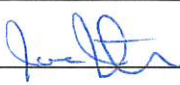
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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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		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
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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	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

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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 **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

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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)
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Name of Reporting Carrier	Eastern Nebraska Telephone Company
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Signature of Authorized Officer	Date
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6-7-2018

Printed name of Authorized Officer	Joe Jetensky
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Title or position of Authorized Officer	President
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Telephone number or Authorized Officer.	(402) 426 6245
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Study Area Code of Reporting Carrier	371542		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **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

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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	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 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).


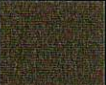
Name of Reporting Carrier	Eastern Nebraska Telephone Company
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Signature of Authorized Officer		Date	6-7-2018
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Printed name of Authorized Officer	Joe Jetensky
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Title or position of Authorized Officer	President
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Telephone number of Authorized Officer.	(402) 426 6245
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Study Area Code of Reporting Carrier	371542		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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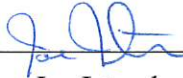
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **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



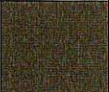
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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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	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 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

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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 **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

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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	The Blair 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	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 as to the Accuracy of the CAF ICC Data Reported

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

Name of Reporting Carrier	The Blair 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	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 **The Blair 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

371524

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 **The Blair 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

371524


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	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

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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 **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

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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 **Atlantic Telephone Membership Corporation**

Signature of Authorized Officer

Kim Edwards

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

230468

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 **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 or Authorized
Officer. (910) 755-1785 ext. _ _ _ _

Study Area Code of Reporting Carrier	230468		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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	Atlantic Telephone Membership Corporation				
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 or Authorized Officer.	(910) 755-1785 ext. _ _ _ _				
Study Area Code of Reporting Carrier	230468		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 **Atlantic Telephone Membership Corporation**

Signature of Authorized Officer

Kim Edwards

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

230468

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 **Bixby Telephone Company**

Signature of Authorized Officer

Scott Lowry

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 **Bixby Telephone Company**

Signature of Authorized Officer

Scott Lowry

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

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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 **Bixby Telephone Company**

Signature of Authorized Officer

Scott Lowry

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

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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		Bixby Telephone Company	
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.			

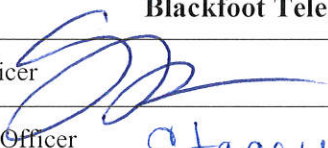
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	Blackfoot Telephone Cooperative, Inc.				
Signature of Authorized Officer			Date <u>6/7/18</u>		
Printed name of Authorized Officer	<u>Stacey Mueller</u>				
Title or position of Authorized Officer	<u>Chief Financial Officer</u>				
Telephone number of Authorized Officer.	<u>(406) 541 5424</u> ext. <u> </u>				
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.					

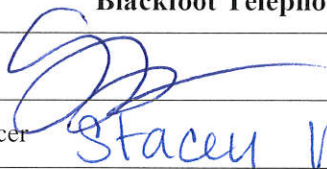
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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
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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				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	

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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		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
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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 **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 or 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 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

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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 **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

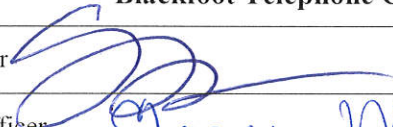
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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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		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
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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 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 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 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 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

240512

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

06/18/2018

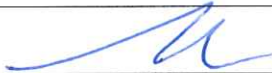
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **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

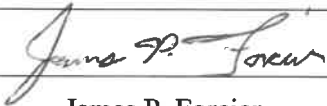
Filing Due Date for this form
(mm/dd/yyyy)

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
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	150079	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

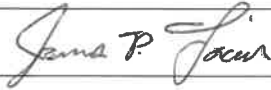
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **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		Date	5/26/18
Printed name of Authorized Officer	James P. Forcier		
Title or position of Authorized Officer	CEO		
Telephone number or 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 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
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Title or position of Authorized Officer	CEO
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Telephone number or 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		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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications
---------------------------	---

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 or 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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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications
---------------------------	---

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

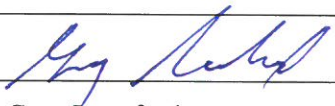
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications				
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	240515		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**

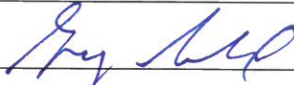
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and,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

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

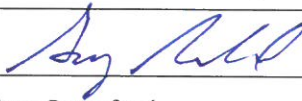
Name of Reporting Carrier	Citizens Telephone Company d/b/a Comporium Communications		
Signature of Authorized Officer		Date	06/08/18
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803) 326-7170 _ _ _ _ _ ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	230473	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **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

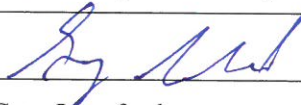
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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	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 or Authorized Officer.	(803) 326-7170 _ _ _ _ ext. _ _ _ _
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Study Area Code of Reporting Carrier	240531		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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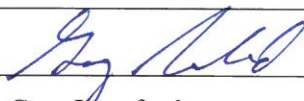
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **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

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

06/18/2018

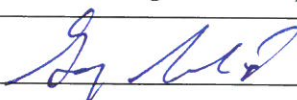
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **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

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

06/18/2018

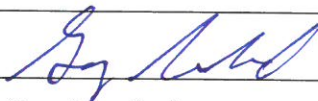
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **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 or Authorized
Officer.

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

Study Area Code of Reporting Carrier

240531

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

06/18/2018

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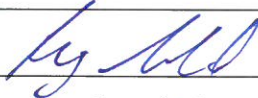
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **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

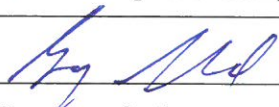
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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Certification of Officer 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	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

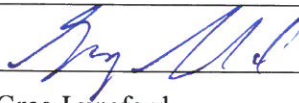
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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	Fort Mill Telephone Company d/b/a Comporium Communications
---------------------------	---

Signature of Authorized Officer		Date 06/08/18
---------------------------------	---	---------------

Printed name of Authorized Officer	Greg Lunsford
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Title or position of Authorized Officer	Vice President – Regulatory Affairs
---	--

Telephone number or Authorized Officer.	(803) 326-7170 ____ ext. ____
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Study Area Code of Reporting Carrier	240521		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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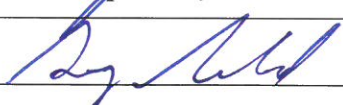
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **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 of Authorized Officer. (803) 326-7170 _ _ _ _ ext. _ _ _ _

Study Area Code of Reporting Carrier **240542**

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	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 of Authorized Officer.	(803) 326-7170 _ _ _ _ _ ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	240542	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

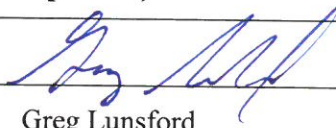
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **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
(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	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 of Authorized Officer.	(803 _) 326-7170 _ _ _ _ _ ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	240542	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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