

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 **Industry Telephone Company**

Signature of Authorized Officer

Karen Raeke

Date

May 30, 2018

Printed name of Authorized Officer

Karen Raeke

Title or position of Authorized Officer

Secretary

Telephone number of Authorized Officer.

(979) 357 4411 ext. 206 __

Study Area Code of Reporting Carrier

442093

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 **Industry Telephone Company**

Signature of Authorized Officer

Karen Raeke

Date

May 30, 2018

Printed name of Authorized Officer

Karen Raeke

Title or position of Authorized Officer

Secretary

Telephone number of Authorized
Officer.

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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	Industry Telephone Company				
Signature of Authorized Officer				Date	May 30, 2018
Printed name of Authorized Officer	Karen Raeke				
Title or position of Authorized Officer	Secretary				
Telephone number of Authorized Officer.	(<u>979</u>) <u>357</u> <u>4411</u> ext. <u>206</u> _ _				
Study Area Code of Reporting Carrier	442093		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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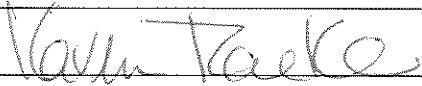
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Industry Telephone Company**

Signature of Authorized Officer



Date

May 30, 2018

Printed name of Authorized Officer

Karen Raeke

Title or position of Authorized Officer

Secretary

Telephone number or Authorized Officer.

(**979**) **357** **4411** ext. **206**

Study Area Code of Reporting Carrier

442093


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**

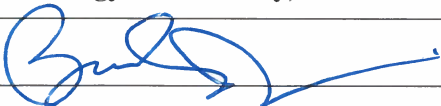
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, 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	Knology of the Valley, Inc.				
Signature of Authorized Officer			Date 6/1/2018		
Printed name of Authorized Officer	Bruce Schoonover				
Title or position of Authorized Officer	VP Regulatory Compliance				
Telephone number or Authorized Officer.	(706) 645-8116 ext. _ _ _ _				
Study Area Code of Reporting Carrier	220371		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	

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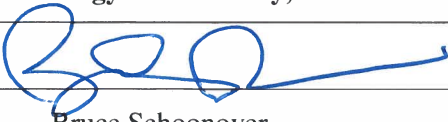
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I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Knology of the Valley, Inc.		
Signature of Authorized Officer		Date	6/1/2018
Printed name of Authorized Officer	Bruce Schoonover		
Title or position of Authorized Officer	VP Regulatory Compliance		
Telephone number or Authorized Officer.	(706) 645-8116 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220371	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

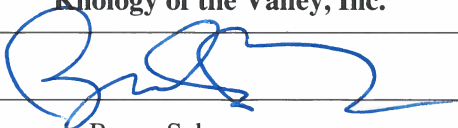
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier	Knology of the Valley, Inc.				
Signature of Authorized Officer			Date 6/1/2018		
Printed name of Authorized Officer	Bruce Schoonover				
Title or position of Authorized Officer	VP Regulatory Compliance				
Telephone number of Authorized Officer.	(706) 645-8116 ext. _ _ _ _				
Study Area Code of Reporting Carrier	220371		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	

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Name of Reporting Carrier		Knology of the Valley, Inc.	
Signature of Authorized Officer			
Printed name of Authorized Officer		Bruce Schoonover	
Title or position of Authorized Officer		VP Regulatory Compliance	
Telephone number or Authorized Officer.		(706) 645-8116 ext. _ _ _ _	
Study Area Code of Reporting Carrier	220371	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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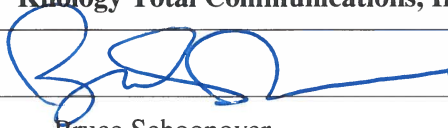
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Knology Total Communications, Inc.**

Signature of Authorized Officer



Date 6/1/2018

Printed name of Authorized Officer Bruce Schoonover

Title or position of Authorized Officer VP Regulatory Compliance

Telephone number or Authorized Officer. (706) 645-8116 ext. _ _ _ _

Study Area Code of Reporting Carrier

250295

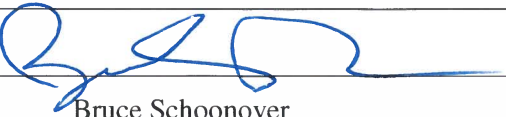
Filing Due Date for this form
(mm/dd/yyyy)

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	Knology Total Communications, Inc.		
Signature of Authorized Officer		Date	6/1/2018
Printed name of Authorized Officer	Bruce Schoonover		
Title or position of Authorized Officer	VP Regulatory Compliance		
Telephone number or Authorized Officer.	(706) 645-8116 ext. _ _ _ _		
Study Area Code of Reporting Carrier	250295	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	Knology Total Communications, Inc.				
Signature of Authorized Officer			Date 6/1/2018		
Printed name of Authorized Officer	Bruce Schoonover				
Title or position of Authorized Officer	VP Regulatory Compliance				
Telephone number or Authorized Officer.	(706) 645-8116 ext. _ _ _ _				
Study Area Code of Reporting Carrier	250295		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	Knology Total Communications, Inc.				
Signature of Authorized Officer			Date 6/1/2018		
Printed name of Authorized Officer	Bruce Schoonover				
Title or position of Authorized Officer	VP Regulatory Compliance				
Telephone number or Authorized Officer.	(706) 645-8116 ext. _ _ _ _				
Study Area Code of Reporting Carrier	250295		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	

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Name of Reporting Carrier **Livingston Telephone Company**

Signature of Authorized Officer



Date **5-24-18**

Printed name of Authorized Officer Deborah Rand

Title or position of Authorized Officer President

Telephone number of Authorized Officer. (603) 472-9786

Study Area Code of Reporting Carrier

442107

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

06/18/2018

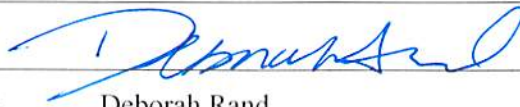
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Name of Reporting Carrier **Livingston Telephone Company**

Signature of Authorized Officer



Date **5-24-18**

Printed name of Authorized Officer Deborah Rand

Title or position of Authorized Officer President

Telephone number of Authorized Officer. (603) 472-9786

Study Area Code of Reporting Carrier

442107

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

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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	Livingston Telephone Company		
Signature of Authorized Officer		Date	5-24-18
Printed name of Authorized Officer	Deborah Rand		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(603) 472- 9786 ext. _____		
Study Area Code of Reporting Carrier	442107	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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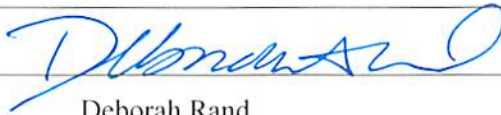
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Livingston Telephone Company**

Signature of Authorized Officer



Date 5-24-18

Printed name of Authorized Officer Deborah Rand

Title or position of Authorized Officer President

Telephone number of Authorized Officer. (603) 472-9786

Study Area Code of Reporting Carrier

442107


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

06/18/2018

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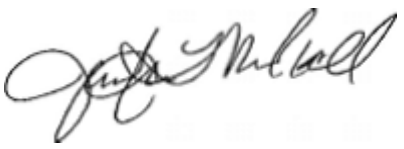
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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	Lumos Telephone of Botetourt, Inc.				
Signature of Authorized Officer			Date 6/08/2018		
Printed name of Authorized Officer	Jennifer T. Marshall				
Title or position of Authorized Officer	Regulatory Manager				
Telephone number of Authorized Officer.	(540) 946 - 6805				
Study Area Code of Reporting Carrier	190249		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

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Name of Reporting Carrier	Lumos Telephone of Botetourt, Inc.				
Signature of Authorized Officer				Date	6/08/2018
Printed name of Authorized Officer	Jennifer T. Marshall				
Title or position of Authorized Officer	Regulatory Manager				
Telephone number or Authorized Officer.	(540) 946 - 6805				
Study Area Code of Reporting Carrier	190249		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 **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer



Date

6/08/2018

Printed name of Authorized Officer Jennifer T. Marshall

Title or position of Authorized Officer Regulatory Manager

Telephone number of Authorized Officer.

(540) 946 - 6805

Study Area Code of Reporting Carrier

190249

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

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Name of Reporting Carrier **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer



Date

06/08/2018

Printed name of Authorized Officer Jennifer T. Marshall

Title or position of Authorized Officer Regulatory Manager

Telephone number or Authorized
Officer.

(540) 946 – 6805

Study Area Code of Reporting Carrier

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Filing Due Date for this form
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Name of Reporting Carrier	Mark Twain Rural Telephone Company
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Signature of Authorized Officer	<i>J. Lyon</i>	Date	<i>5-29-18</i>
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Title or position of Authorized Officer	Executive V.P. & General Manager
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Telephone number or Authorized Officer.	(660) 423-5211
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Study Area Code of Reporting Carrier	421914		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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Name of Reporting Carrier	Mark Twain Rural Telephone Company
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Signature of Authorized Officer	<i>J. Lyon</i>
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Date	<i>5-29-18</i>
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Printed name of Authorized Officer	Jim Lyon
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Title or position of Authorized Officer	Executive V.P. & General Manager
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Telephone number of Authorized Officer.	(660) 423-5211
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Study Area Code of Reporting Carrier	421914		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Mark Twain Rural Telephone Company**

Signature of Authorized Officer <i>Jim Lyon</i>	Date <i>5-29-18</i>
---	------------------------

Printed name of Authorized Officer Jim Lyon

Title or position of Authorized Officer Executive V.P. & General Manager


Telephone number or Authorized Officer. (660) 423-5211

Study Area Code of Reporting Carrier	421914		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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Name of Reporting Carrier	Mark Twain Rural Telephone Company		
Signature of Authorized Officer		Date	5-29-18
Printed name of Authorized Officer	Jim Lyon		
Title or position of Authorized Officer	Executive V.P. & General Manager		
Telephone number of Authorized Officer.	(660) 423-5211		
Study Area Code of Reporting Carrier	421914	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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

Name of Reporting Carrier **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer  Date 05/24/2018

Printed name of Authorized Officer LaTonda Stout

Title or position of Authorized Officer CEO/General Manager

Telephone number of Authorized Officer. (_806 _) 668 - 4420 _ _ _ _ ext. _ _ _ _

Study Area Code of Reporting Carrier	442112		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 **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer <i>LaTonda Stout</i>	Date 05/24/2018
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Printed name of Authorized Officer
LaTonda Stout

Title or position of Authorized Officer
CEO/ General Manager

Telephone number of Authorized Officer. (_806) 668-4420 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier	442112		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 **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer

LaTonda Stout

Date 05/24/2018

Printed name of Authorized Officer
LaTonda Stout

Title or position of Authorized Officer
CEO/General Manager

Telephone number or Authorized
Officer.

(806) 668-4420 __ __ ext. __ __ __ __

Study Area Code of Reporting Carrier

442112

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 **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer

LaTonda Stout

Date 05/24/2018

Printed name of Authorized Officer

LaTonda Stout

Title or position of Authorized Officer

CEO/General Manager

Telephone number of Authorized
Officer.

(806) 668-4420 __ __ ext. __ __ __ __

Study Area Code of Reporting Carrier

442112

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

06/18/2018

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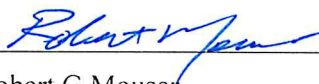
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer



Date
06/05/2018

Printed name of Authorized Officer

Robert G Mouser

Title or position of Authorized Officer Vice President

Telephone number of Authorized Officer. (870) 429-1116

Study Area Code of Reporting Carrier

290571

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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer



Date

06/05/2018

Printed name of Authorized Officer

Robert G Mouser

Title or position of Authorized Officer

Vice President

Telephone number or Authorized
Officer.

(870) 429-1116

Study Area Code of Reporting Carrier

290571

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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer



Date

06./05/2018

Printed name of Authorized Officer

Robert G Mouser

Title or position of Authorized Officer

Vice President

Telephone number or Authorized
Officer.

(870) 429-1116

Study Area Code of Reporting Carrier

290571

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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer



Date
06/05/2018

Printed name of Authorized Officer Robert G Mouser

Title or position of Authorized Officer Vice President

Telephone number of Authorized Officer. (870) 429-1116

Study Area Code of Reporting Carrier

290571

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(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 **Moundridge Telephone Company**

Signature of Authorized Officer

Jane Sommer Smith

Date

6/11/18

Printed name of Authorized Officer

Jane Sommer Smith

Title or position of Authorized Officer

Vice President

Telephone number or Authorized Officer.

620-345-2832

ext. _ _ _ _

Study Area Code of Reporting Carrier

411808

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 **Moundridge Telephone Company**

Signature of Authorized Officer

Jane Sommer Smith

Date

6/11/18

Printed name of Authorized Officer

Jane Sommer Smith

Title or position of Authorized Officer

Vice President

Telephone number or Authorized
Officer.

620-345-2832 ext. _ _ _ _

Study Area Code of Reporting Carrier

411808

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 **Moundridge Telephone Company**

Signature of Authorized Officer

Jane Sommer Smith

Date

6/11/18

Printed name of Authorized Officer

Jane Sommer Smith

Title or position of Authorized Officer

Vice President

Telephone number or Authorized
Officer.

620-345-2832 ext. _ _ _ _

Study Area Code of Reporting Carrier

411808

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 **Moundridge Telephone Company**

Signature of Authorized Officer

Jane Sommer Smith

Date

6/11/18

Printed name of Authorized Officer

Jane Sommer Smith

Title or position of Authorized Officer

Vice President

Telephone number or Authorized Officer.

620-345-2832

ext. _ _ _ _

Study Area Code of Reporting Carrier

411808

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 **Mt. Horeb Telephone Co.**

Signature of Authorized Officer

Peter J. Waltz, VP.

Date

May 30, 2018

Printed name of Authorized Officer

Peter J Waltz

Title or position of Authorized Officer

Vice President

Telephone number of Authorized
Officer.

(608) 437 5551 ext. _ _ _ _

Study Area Code of Reporting Carrier

330916

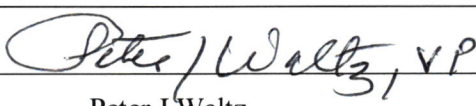
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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

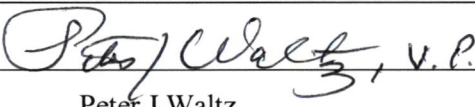
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Mt. Horeb Telephone Co.		
Signature of Authorized Officer		Date	<i>May 30, 2018</i>
Printed name of Authorized Officer	Peter J Waltz		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(608) 437 5551 ext. _ _ _ _		
Study Area Code of Reporting Carrier	330916	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	Mt. Horeb Telephone Co.		
Signature of Authorized Officer		Date	<i>May 30, 2018</i>
Printed name of Authorized Officer	Peter J Waltz		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(608) 437 5551 ext. _ _ _ _		
Study Area Code of Reporting Carrier	330916	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 **Mt. Horeb Telephone Co.**

Signature of Authorized Officer

Peter J Waltz, VP.

Date

May 30, 2018

Printed name of Authorized
Officer

Peter J Waltz

Title or position of Authorized Officer Vice President

Telephone number or Authorized
Officer.

(608) 437 5551 ext. _ _ _ _

Study Area Code of Reporting
Carrier

330916

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

06/18/2018

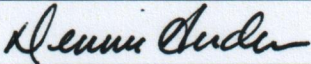
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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Brindlee Mountain Telephone LLC**

Signature of Authorized Officer 	Date May 31, 2018
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Printed name of Authorized Officer Dennis Andrews

Title or position of Authorized Officer Senior Vice President

Telephone number or Authorized Officer. (256) 586 1420 ext. _ _ _ _

Study Area Code of Reporting Carrier 250283		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 **Brindlee Mountain Telephone LLC**

Signature of Authorized Officer



Date May 31, 2018

Printed name of Authorized Officer

Dennis Andrews

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(256) 586 1420 ext. _ _ _ _

Study Area Code of Reporting Carrier

250283

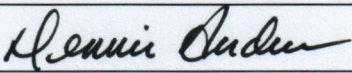
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(mm/dd/yyyy)

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	Brindlee Mountain Telephone LLC		
Signature of Authorized Officer		Date	May 31, 2018
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number of Authorized Officer.	(256) 586 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	250283	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 **Brindlee Mountain Telephone LLC**

Signature of Authorized Officer



Date May 31, 2018

Printed name of Authorized Officer

Dennis Andrews

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized Officer.

(256) 586 1420 ext. _ _ _ _

Study Area Code of Reporting Carrier

250283

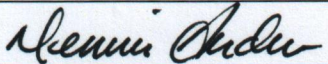
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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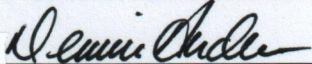
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	Hopper Telecommunications LLC		
Signature of Authorized Officer		Date	May 31, 2018
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number or Authorized Officer.	(256) 586 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	250300	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

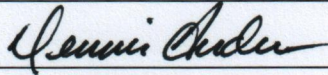
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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	Hopper Telecommunications LLC		
Signature of Authorized Officer		Date	May 31, 2018
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number of Authorized Officer.	(256) 586 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	250300	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	Hopper Telecommunications LLC		
Signature of Authorized Officer		Date May 31, 2018	
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number or Authorized Officer.	(256) 586 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	250300	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

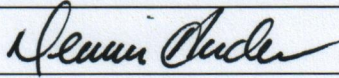
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Hopper Telecommunications LLC		
Signature of Authorized Officer		Date	May 31, 2018
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number of Authorized Officer.	(256) 586 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	250300	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	Mid-Maine Telecom LLC		
Signature of Authorized Officer		Date May 31, 2018	
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number or Authorized Officer.	(256) 586 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	103315	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	Mid-Maine Telecom LLC		
Signature of Authorized Officer		Date	May 31, 2018
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number of Authorized Officer.	(256) 586 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	103315	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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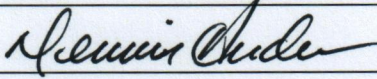
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier	Mid-Maine Telecom LLC		
Signature of Authorized Officer		Date May 31, 2018	
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number of Authorized Officer.	(256) 586 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	103315	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	Mid-Maine Telecom LLC		
Signature of Authorized Officer		Date May 31, 2018	
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number or Authorized Officer.	(256) 586 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	103315	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.			