

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

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

Name of Reporting Carrier	<b>Industry Telephone Company</b>		
Signature of Authorized Officer	<i>Karen Raeke</i>	Date	<b>May 30, 2018</b>
Printed name of Authorized Officer	<b>Karen Raeke</b>		
Title or position of Authorized Officer	<b>Secretary</b>		
Telephone number of Authorized Officer.	<b>( 979 ) 357 4411 ext. 206</b>		
Study Area Code of Reporting Carrier	<b>442093</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>

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

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

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

Name of Reporting Carrier                      **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**

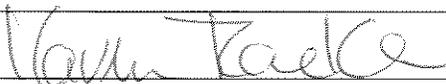
Filing Due Date for this form  
(mm/dd/yyyy)

**06/18/2018**

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

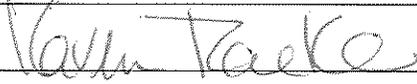
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

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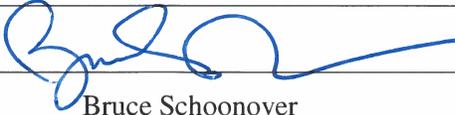
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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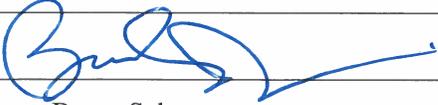
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Knology of the Valley, Inc.</b>		
Signature of Authorized Officer			Date 6/1/2018
Printed name of Authorized Officer	Bruce Schoonover		
Title or position of Authorized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

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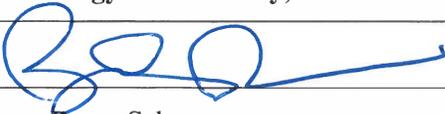
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Name of Reporting Carrier	<b>Knology of the Valley, Inc.</b>		
Signature of Authorized Officer		Date	6/1/2018
Printed name of Authorized Officer	Bruce Schoonover		
Title or position of Authorized Officer	VP Regulatory Compliance		
Telephone number of Authorized Officer.	( 706 ) 645-8116 ext. _ _ _ _		
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

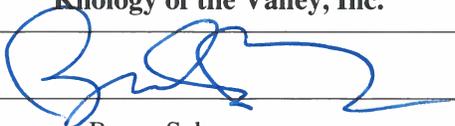
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier	<b>Knology of the Valley, Inc.</b>		
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. _ _ _ _		
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Name of Reporting Carrier		<b>Knology of the Valley, Inc.</b>	
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	<b>220371</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>

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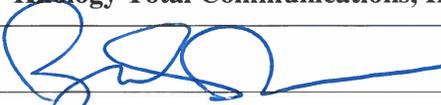
**Certification of Officer  
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**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities 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                      **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 of 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**

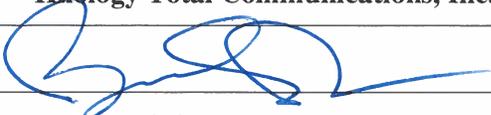
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Name of Reporting Carrier	<b>Knology Total Communications, Inc.</b>		
Signature of Authorized Officer		Date	6/1/2018
Printed name of Authorized Officer	Bruce Schoonover		
Title or position of Authorized Officer	VP Regulatory Compliance		
Telephone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

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Name of Reporting Carrier	<b>Knology Total Communications, Inc.</b>		
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	<b>250295</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
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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	<b>442107</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
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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**

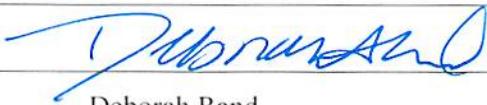
Filing Due Date for this form  
(mm/dd/yyyy)

**06/18/2018**

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

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

Name of Reporting Carrier		<b>Livingston Telephone Company</b>	
Signature of Authorized Officer			Date <b>5-24-18</b>
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	<b>442107</b>	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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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Lumos Telephone of Botetourt, Inc.</b>		
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	<b>190249</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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Name of Reporting Carrier	<b>Lumos Telephone of Botetourt, Inc.</b>		
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	<b>190249</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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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	<b>190249</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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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 of Authorized Officer.	( 540 ) 946 – 6805		
Study Area Code of Reporting Carrier	<b>190249</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
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Name of Reporting Carrier		<b>Mark Twain Rural Telephone Company</b>	
Signature of Authorized Officer		Date	
<i>J. Lyon</i>		<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 of Authorized Officer.		(660) 423-5211	
Study Area Code of Reporting Carrier	<b>421914</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>

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Name of Reporting Carrier		<b>Mark Twain Rural Telephone Company</b>	
Signature of Authorized Officer		<i>J. 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	<b>421914</b>	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	<b>Mark Twain Rural Telephone Company</b>		
Signature of Authorized Officer		Date	
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	<b>421914</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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Name of Reporting Carrier	<b>Mark Twain Rural Telephone Company</b>		
Signature of Authorized Officer		Date	<b>5-29-18</b>
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	<b>421914</b>	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                      *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	<b>442112</b>		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 **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 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



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

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

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                      **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	<b>411808</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier		<b>Moundridge Telephone Company</b>	
Signature of Authorized Officer		<i>Jane Sommer Smith</i>	Date <i>6/11/18</i>
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	<b>411808</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>

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

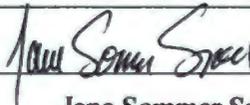
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Moundridge Telephone Company**

Signature of Authorized Officer



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

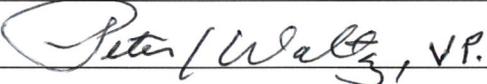
Filing Due Date for this form  
(mm/dd/yyyy)

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	<b>Mt. Horeb Telephone Co.</b>		
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 of Authorized Officer.	( 608 ) 437 5551 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	<b>330916</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier	<b>Mt. Horeb Telephone Co.</b>		
Signature of Authorized Officer	<i>Peter J. Waltz, VP</i>	Date	<i>May 30, 2018</i>
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	<b>330916</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

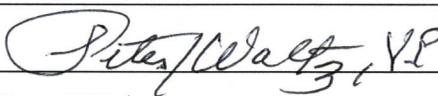
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier		<b>Mt. Horeb Telephone Co.</b>	
Signature of Authorized Officer	<i>Peter J. Waltz, V.P.</i>	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	<b>330916</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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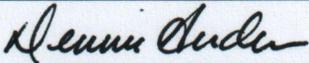
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Mt. Horeb Telephone Co.</b>		
Signature of Authorized Officer			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	<b>330916</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Brindlee Mountain Telephone LLC</b>		
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	<b>250283</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier	<b>Brindlee Mountain Telephone LLC</b>		
Signature of Authorized Officer	<i>Dennis Andrews</i>	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	<b>250283</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier	<b>Brindlee Mountain Telephone LLC</b>		
Signature of Authorized Officer	<i>Dennis Andrews</i>	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	<b>250283</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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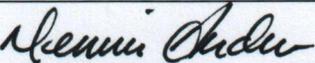
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier	<b>Brindlee Mountain Telephone LLC</b>		
Signature of Authorized Officer	<i>Dennis Andrews</i>	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	<b>250283</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **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**

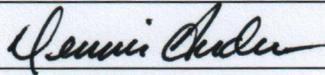
Filing Due Date for this form  
(mm/dd/yyyy)

**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	<b>Hopper Telecommunications LLC</b>		
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	<b>250300</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>

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

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

Name of Reporting Carrier                      **Hopper Telecommunications LLC**

Signature of Authorized Officer              *Dennis Andrews*                      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	<b>250300</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

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

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

Name of Reporting Carrier	<b>Mid-Maine Telecom LLC</b>		
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	<b>103315</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier	<b>Mid-Maine Telecom LLC</b>		
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	<b>103315</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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

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

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

Name of Reporting Carrier	<b>Mid-Maine Telecom LLC</b>		
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	<b>103315</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			