

**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	Skyline Telephone Membership Corporation		
Signature of Authorized Officer	<i>Cindy Rothstein</i>	Date	5/29/2018
Printed name of Authorized Officer	Cindy Rothstein		
Title or position of Authorized Officer	Executive Director of Finance		
Telephone number or Authorized Officer.	(336) 876-6304		
Study Area Code of Reporting Carrier	230501	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	Skyline Telephone Membership Corporation		
Signature of Authorized Officer	<i>Cindy Rothstein</i>	Date	<i>5/29/2018</i>
Printed name of Authorized Officer	Cindy Rothstein		
Title or position of Authorized Officer	Executive Director of Finance		
Telephone number of Authorized Officer.	(336) 876-6304		
Study Area Code of Reporting Carrier	230501	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

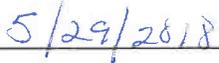
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier	Skyline Telephone Membership Corporation		
Signature of Authorized Officer	<i>Cindy Rothstein</i>	Date	<i>5/29/2018</i>
Printed name of Authorized Officer	Cindy Rothstein		
Title or position of Authorized Officer	Executive Director of Finance		
Telephone number of Authorized Officer.	(336) 876-6304		
Study Area Code of Reporting Carrier	230501	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).

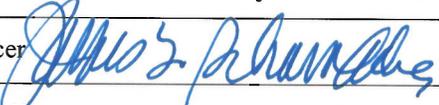
Name of Reporting Carrier	Skyline Telephone Membership Corporation		
Signature of Authorized Officer		Date	
Printed name of Authorized Officer	Cindy Rothstein		
Title or position of Authorized Officer	Executive Director of Finance		
Telephone number of Authorized Officer.	(336) 876-6304		
Study Area Code of Reporting Carrier	230501	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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Name of Reporting Carrier **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer  Date 06/04/2018

Printed name of Authorized Officer **James Schumacher**

Title or position of Authorized Officer **VP Finance & Administration**

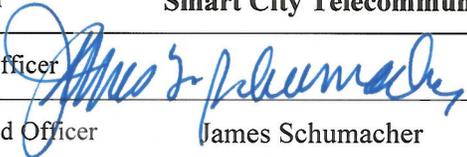
Telephone number of Authorized Officer. **(407) 828-6656 ext. _ _ _ _ _**

Study Area Code of Reporting Carrier	210330	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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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		Smart City Telecommunications LLC d/b/a Smart City Telecom	
Signature of Authorized Officer		Date	06/04/2018
Printed name of Authorized Officer	James Schumacher		
Title or position of Authorized Officer	VP Finance & Administration		
Telephone number or Authorized Officer.	(407) 828-6656 ext. _ _ _ _		
Study Area Code of Reporting Carrier	210330	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	Smart City Telecommunications LLC d/b/a Smart City Telecom		
Signature of Authorized Officer		Date	06/04/2018
Printed name of Authorized Officer	James Schumacher		
Title or position of Authorized Officer	VP Finance & Administration		
Telephone number of Authorized Officer.	(407) 828-6656 ext. _ _ _ _		
Study Area Code of Reporting Carrier	210330	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 **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer *James Schumacher* Date 06/04/2018

Printed name of Authorized Officer James Schumacher

Title or position of Authorized Officer VP Finance & Administration

Telephone number or Authorized Officer. (407) 828-6656 ext. _ _ _ _

Study Area Code of Reporting Carrier	210330	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	Smithville Telephone Company, Inc.		
Signature of Authorized Officer	<i>Roger V. Thompson</i>	Date June 6, 2018	
Printed name of Authorized Officer	Roger V. Thompson		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(_ 622 _ _) 651-4131 _ _ _ _ _ ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	280467	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.			

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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		Smithville Telephone Company, Inc.	
Signature of Authorized Officer		<i>Roger V. Thompson</i>	Date June 6, 2018
Printed name of Authorized Officer		Roger V. Thompson	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		(_662 _ _) 651-4131 _ _ _ _ _ ext. _ _ _ _ _	
Study Area Code of Reporting Carrier	280467	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		Smithville Telephone Company, Inc.	
Signature of Authorized Officer		<i>Roger V. Thompson</i>	Date June 6, 2018
Printed name of Authorized Officer		Roger V. Thompson	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		(_ 662_) 651-4131 _ _ _ _ ext. _ _ _ _	
Study Area Code of Reporting Carrier	280467	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 **Smithville Telephone Company, Inc.**

Signature of Authorized Officer *Roger V. Thompson*

Date June 6, 2018

Printed name of Authorized Officer Roger V. Thompson

Title or position of Authorized Officer President

Telephone number or Authorized Officer. (_ 662 _ _) _ 651-4131 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier **280467**

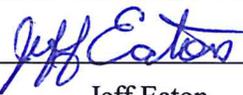
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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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	South Central Rural Telephone Cooperative		
Signature of Authorized Officer		Date	5/29/2018
Printed name of Authorized Officer	Jeff Eaton		
Title or position of Authorized Officer	General Manager		
Telephone number of Authorized Officer.	(270) 678 2111 ext. _ _ _ _		
Study Area Code of Reporting Carrier	260418	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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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	South Central Rural Telephone Cooperative			
Signature of Authorized Officer	<i>Jeff Eaton</i>		Date	<i>5/29/2018</i>
Printed name of Authorized Officer	Jeff Eaton			
Title or position of Authorized Officer	General Manager			
Telephone number of Authorized Officer.	<i>(270) 678 2111</i> ext. _____			
Study Area Code of Reporting Carrier	260418		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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Name of Reporting Carrier		South Central Rural Telephone Cooperative	
Signature of Authorized Officer		Date	
<i>Jeff Eaton</i>		5/29/2018	
Printed name of Authorized Officer		Jeff Eaton	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer.		(270) 678 2111 ext. _ _ _ _	
Study Area Code of Reporting Carrier	260418	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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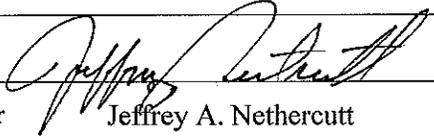
Name of Reporting Carrier		South Central Rural Telephone Cooperative	
Signature of Authorized Officer		Date	
<i>Jeff Eaton</i>		<i>5/29/2018</i>	
Printed name of Authorized Officer		Jeff Eaton	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer.		(<u>270</u>) <u>678 2111</u> ext. _____	
Study Area Code of Reporting Carrier	260418	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 **Star Telephone Membership Corp.**

Signature of Authorized Officer		Date	May 25, 2018
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Printed name of Authorized Officer Jeffrey A. Nethercutt

Title or position of Authorized Officer Executive Vice President and General Manager

Telephone number or Authorized Officer. (910) 564-7201

Study Area Code of Reporting Carrier	230502	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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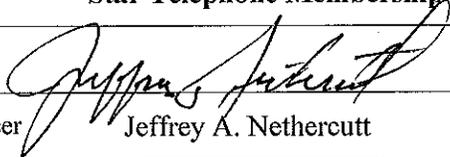
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Star Telephone Membership Corp.**

Signature of Authorized Officer



Date

May 25, 2018

Printed name of Authorized Officer Jeffrey A. Nethercutt

Title or position of Authorized Officer Executive Vice President and General Manager

Telephone number of Authorized Officer. (910) 564-7201

Study Area Code of Reporting Carrier

230502

Filing Due Date for this form
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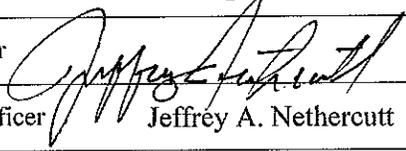
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Name of Reporting Carrier **Star Telephone Membership Corp.**

Signature of Authorized Officer



Date

May 25, 2018

Printed name of Authorized Officer

Jeffrey A. Nethercutt

Title or position of Authorized Officer

Executive Vice President and General Manager

Telephone number or Authorized Officer.

(910) 564-7201

Study Area Code of Reporting Carrier

230502

Filing Due Date for this form
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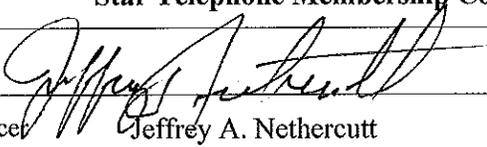
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Signature of Authorized Officer



Date

May 25, 2018

Printed name of Authorized Officer

Jeffrey A. Nethercutt

Title or position of Authorized Officer

Executive Vice President and General Manager

Telephone number or Authorized Officer.

(910) 564-7201

Study Area Code of Reporting Carrier

230502

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Taylor Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	05-31-18
Printed name of Authorized Officer	Steve Singletary		
Title or position of Authorized Officer	General Manager/CEO		
Telephone number of Authorized Officer.	(325) 846-4111		
Study Area Code of Reporting Carrier	442151	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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Signature of Authorized Officer		Date	05-31-18
Printed name of Authorized Officer	Steve Singletary		
Title or position of Authorized Officer	General Manager/CEO		
Telephone number or Authorized Officer.	(325) 846-4111		
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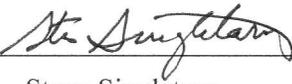
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Name of Reporting Carrier		Taylor Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date	05-31-18
Printed name of Authorized Officer	Steve Singletary		
Title or position of Authorized Officer	General Manager/CEO		
Telephone number of Authorized Officer.	(325) 846-4111		
Study Area Code of Reporting Carrier	442151	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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Name of Reporting Carrier	Taylor Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	05-31-18
Printed name of Authorized Officer	Steve Singletary		
Title or position of Authorized Officer	General Manager/CEO		
Telephone number of Authorized Officer.	(325) 846-4111		
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	See TDS Telecom ILEC Listing Below		
Signature of Authorized Officer		Date 5/14/2018	
Printed name of Authorized Officer	Andrew Petersen		
Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs		
Telephone number of Authorized Officer.	(608)664-4155 ext. _ _ _ _		
Study Area Code of Reporting Carrier	See TDS Telecom ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018

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TDS Telecom Group-A

220351 - Camden Telephone and Telegraph Company, Inc.

330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company

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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 05/13/2018

Printed name of Authorized Officer **Andrew Petersen**

Title or position of Authorized Officer **Sr. Vice President – Corporate Affairs**

Telephone number or Authorized Officer. **(608)664-4155 ext. _ _ _ _**

Study Area Code of Reporting Carrier

**See TDS
TELECOM
ILEC Listing
Below**

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

06/16/2018

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.

TDS Telecom Group-A

220351 - Camden Telephone and Telegraph Company, Inc.

330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

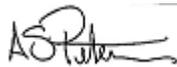
290575 – Tennessee Telephone Company

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, this 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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 05/13/2018

Printed name of Authorized Officer Andrew Petersen

Title or position of Authorized Officer Sr. Vice President – Corporate Affairs

Telephone number or Authorized Officer.

(608)664-4155 ext. _ _ _ _

Study Area Code of Reporting Carrier

**See TDS
TELECOM
ILEC Listing
Below**

Filing Due Date for this form
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TDS Telecom Group-A

220351 - Camden Telephone and Telegraph Company, Inc.

330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company

**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 the 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	See TDS Telecom ILEC Listing Below		
Signature of Authorized Officer		Date 5/14/2018	
Printed name of Authorized Officer	Andrew Petersen		
Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs		
Telephone number of Authorized Officer.	(608)664-4155 ext. _ _ _ _		
Study Area Code of Reporting Carrier	See TDS Telecom ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018

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.

TDS Telecom-Group B

- | | |
|---|---|
| 361350 Arvig Telephone Co. | 220375 Nelson-Ball Ground Telephone Co. |
| 330844 Badger Telecom, LLC | 210338 Quincy (FL) Telephone Co. |
| 220346 Blue Ridge Telephone Co. | 220338 Quincy (GA) Telephone Co. |
| 361362 Bridge Water Telephone Co. | 330954 Stockbridge and Sherwood Tel. Co., LLC |
| 330859 Central State Telephone Co., LLC | 462207 Strasburg Telephone Co. |
| 290559 Concord Telephone Exchange, Inc. | 290578 Tellico Telephone Co., Inc. |
| 330881 Mid-Plains Telephone, LLC | 330963 UTELCO, LLC. |
| 361433 Mid State Telephone Company | |

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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 05/13/2018

Printed name of Authorized Officer Andrew Petersen

Title or position of Authorized Officer Sr. Vice President – Corporate Affairs

Telephone number or Authorized Officer. (608)664-4155 ext. _ _ _ _

Study Area Code of Reporting Carrier

**See TDS
TELECOM
ILEC Listing
Below**

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

06/16/2018

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TDS Telecom-Group B

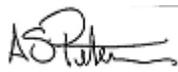
- | | |
|---|---|
| 361350 Arvig Telephone Co. | 220375 Nelson-Ball Ground Telephone Co. |
| 330844 Badger Telecom, LLC | 210338 Quincy (FL) Telephone Co. |
| 220346 Blue Ridge Telephone Co. | 220338 Quincy (GA) Telephone Co. |
| 361362 Bridge Water Telephone Co. | 330954 Stockbridge and Sherwood Tel. Co., LLC |
| 330859 Central State Telephone Co., LLC | 462207 Strasburg Telephone Co. |
| 290559 Concord Telephone Exchange, Inc. | 290578 Tellico Telephone Co., Inc. |
| 330881 Mid-Plains Telephone, LLC | 330963 UTELCO, LLC. |
| 361433 Mid State Telephone Company | |

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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 05/13/2018

Printed name of Authorized Officer **Andrew Petersen**

Title or position of Authorized Officer **Sr. Vice President – Corporate Affairs**

Telephone number or Authorized Officer. **(608)664-4155 ext. _ _ _ _**

Study Area Code of Reporting Carrier

**See TDS
TELECOM
ILEC Listing
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Filing Due Date for this form
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06/16/2018

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TDS Telecom-Group B

- | | |
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| 330844 Badger Telecom, LLC | 210338 Quincy (FL) Telephone Co. |
| 220346 Blue Ridge Telephone Co. | 220338 Quincy (GA) Telephone Co. |
| 361362 Bridge Water Telephone Co. | 330954 Stockbridge and Sherwood Tel. Co., LLC |
| 330859 Central State Telephone Co., LLC | 462207 Strasburg Telephone Co. |
| 290559 Concord Telephone Exchange, Inc. | 290578 Tellico Telephone Co., Inc. |
| 330881 Mid-Plains Telephone, LLC | 330963 UTELCO, LLC. |
| 361433 Mid State Telephone Company | |

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, this 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		See TDS Telecom ILEC Listing Below	
Signature of Authorized Officer			Date 05/13/2018
Printed name of Authorized Officer		Andrew Petersen	
Title or position of Authorized Officer		Sr. Vice President – Corporate Affairs	
Telephone number or Authorized Officer.		(608)664-4155 ext. _ _ _ _	
Study Area Code of Reporting Carrier	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018
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TDS Telecom-Group B

- | | |
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| 330859 Central State Telephone Co., LLC | 462207 Strasburg Telephone Co. |
| 290559 Concord Telephone Exchange, Inc. | 290578 Tellico Telephone Co., Inc. |
| 330881 Mid-Plains Telephone, LLC | 330963 UTELCO, LLC. |
| 361433 Mid State Telephone Company | |

**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 the 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	See TDS Telecom ILEC Listing Below		
Signature of Authorized Officer		Date	5/14/2018
Printed name of Authorized Officer	Andrew Petersen		
Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs		
Telephone number of Authorized Officer.	(608)664-4155 ext. _ _ _ _		
Study Area Code of Reporting Carrier	See TDS Telecom ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018

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TDS Telecom-Group C

- 250284 - Butler Telephone Company, Inc.
- 320776 - Communications Corporation of Indiana
- 120045 - Kearsarge Telephone Co.
- 120047 - Merrimack County Telephone Co.
- 123321 - MCTA, Inc.
- 250314 - Peoples Telephone Company, Inc.
- 100024 - Somerset Telephone Company
- 452174 - Southwestern Telephone Company
- 240551 - Williston Telephone Company

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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 05/13/2018

Printed name of Authorized Officer **Andrew Petersen**

Title or position of Authorized Officer **Sr. Vice President – Corporate Affairs**

Telephone number or Authorized Officer. **(608)664-4155 ext. _ _ _ _**

Study Area Code of Reporting Carrier

**See TDS
TELECOM
ILEC Listing
Below**

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

06/16/2018

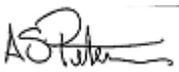
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TDS Telecom-Group C

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- 100024 - Somerset Telephone Company
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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		See TDS Telecom ILEC Listing Below		
Signature of Authorized Officer			Date 05/13/2018	
Printed name of Authorized Officer		Andrew Petersen		
Title or position of Authorized Officer		Sr. Vice President – Corporate Affairs		
Telephone number of Authorized Officer.		(608)664-4155 ext. _ _ _ _		
Study Area Code of Reporting Carrier	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018	
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- 452174 - Southwestern Telephone Company
- 240551 - Williston Telephone Company

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, this 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		See TDS Telecom ILEC Listing Below	
Signature of Authorized Officer			Date 05/13/2018
Printed name of Authorized Officer		Andrew Petersen	
Title or position of Authorized Officer		Sr. Vice President – Corporate Affairs	
Telephone number or Authorized Officer.		(608)664-4155 ext. _ _ _ _	
Study Area Code of Reporting Carrier	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit the 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	See TDS Telecom ILEC Listing Below		
Signature of Authorized Officer		Date 5/14/2018	
Printed name of Authorized Officer	Andrew Petersen		
Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs		
Telephone number of Authorized Officer.	(608)664-4155 ext. ____		
Study Area Code of Reporting Carrier	See TDS Telecom ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
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TDS Telecom Group-D

- 190217 - Amelia Telephone Corporation
- 452171 - Arizona Telephone Company
- 462184 - Delta County Tele-Comm, Inc.
- 260411 - Leslie County Telephone Company
- 330909 - Midway Telephone Company, LLC
- 330943 - Riverside Telecom, LLC
- 320829 - Tipton Telephone Company, Inc.
- 320830 - Tri-County Telephone Company, Inc.
- 120049 - Union Telephone Company
- 190253 - Virginia Telephone Company
- 330968 - Waunakee Telephone Company, LLC
- 120050 - Wilton Telephone Company, Inc.

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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 05/13/2018

Printed name of Authorized Officer Andrew Petersen

Title or position of Authorized Officer Sr. Vice President – Corporate Affairs

Telephone number or Authorized Officer. (608)664-4155 ext. _ _ _ _

Study Area Code of Reporting Carrier

**See TDS
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TDS Telecom Group-D

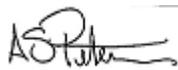
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- 260411 - Leslie County Telephone Company
- 330909 - Midway Telephone Company, LLC
- 330943 - Riverside Telecom, LLC
- 320829 - Tipton Telephone Company, Inc.
- 320830 - Tri-County Telephone Company, Inc.
- 120049 - Union Telephone Company
- 190253 - Virginia Telephone Company
- 330968 - Waunakee Telephone Company, LLC
- 120050 - Wilton Telephone Company, Inc.

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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 05/13/2018

Printed name of Authorized Officer Andrew Petersen

Title or position of Authorized Officer Sr. Vice President – Corporate Affairs

Telephone number or Authorized Officer. (608)664-4155 ext. _ _ _ _

Study Area Code of Reporting Carrier

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TDS Telecom Group-D

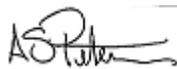
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- 320829 - Tipton Telephone Company, Inc.
- 320830 - Tri-County Telephone Company, Inc.
- 120049 - Union Telephone Company
- 190253 - Virginia Telephone Company
- 330968 - Waunakee Telephone Company, LLC
- 120050 - Wilton Telephone Company, Inc.

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, this 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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 05/13/2018

Printed name of Authorized Officer Andrew Petersen

Title or position of Authorized Officer Sr. Vice President – Corporate Affairs

Telephone number or Authorized Officer. (608)664-4155 ext. _ _ _ _

Study Area Code of Reporting Carrier

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TDS Telecom Group-D

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	See TDS Telecom ILEC Listing Below		
Signature of Authorized Officer		Date	5/14/2018
Printed name of Authorized Officer	Andrew Petersen		
Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs		
Telephone number of Authorized Officer.	(608)664-4155 ext. _ _ _ _		
Study Area Code of Reporting Carrier	See TDS Telecom ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018

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TDS Telecom Group-E

- 310672 – Communication Corporation of Michigan
- 150089 – Deposit Telephone Company, Inc.
- 100010 – Hampden Telephone Company
- 100011 – Hartland and St. Albans Telephone Company
- 542322 – Hornitos Telephone Co.
- 140058 - Ludlow Telephone Company
- 240533 - McClellanville Telephone Company, Inc.
- 193029 - New Castle Telephone Company
- 150118 – Port Byron Telephone Company
- 283301 – Southeast Mississippi Telephone Company, Inc.
- 240544 – St. Stephen Telephone Company
- 170206 – Sugar Valley Telephone Company
- 150133 – Vernon Telephone Company, Inc.
- 100031 – Warren Telephone Company
- 542323 – Winterhaven Telephone Company

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		See TDS Telecom ILEC Listing Below	
Signature of Authorized Officer		Date 05/13/2018	
Printed name of Authorized Officer		Andrew Petersen	
Title or position of Authorized Officer		Sr. Vice President – Corporate Affairs	
Telephone number of Authorized Officer.		(608)664-4155 ext. _____	
Study Area Code of Reporting Carrier	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018
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TDS Telecom Group-E

- 310672 – Communication Corporation of Michigan
- 150089 – Deposit Telephone Company, Inc.
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- 100011 – Hartland and St. Albans Telephone Company
- 542322 – Hornitos Telephone Co.
- 140058 - Ludlow Telephone Company
- 240533 - McClellanville Telephone Company, Inc.
- 193029 - New Castle Telephone Company
- 150118 – Port Byron Telephone Company
- 283301 – Southeast Mississippi Telephone Company, Inc.
- 240544 – St. Stephen Telephone Company
- 170206 – Sugar Valley Telephone Company
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Name of Reporting Carrier		See TDS Telecom ILEC Listing Below	
Signature of Authorized Officer			Date 05/13/2018
Printed name of Authorized Officer		Andrew Petersen	
Title or position of Authorized Officer		Sr. Vice President – Corporate Affairs	
Telephone number or Authorized Officer.		(608)664-4155 ext. _____	
Study Area Code of Reporting Carrier	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018

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- 193029 - New Castle Telephone Company
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Name of Reporting Carrier		See TDS Telecom ILEC Listing Below	
Signature of Authorized Officer		Date 05/13/2018	
Printed name of Authorized Officer		Andrew Petersen	
Title or position of Authorized Officer		Sr. Vice President – Corporate Affairs	
Telephone number of Authorized Officer.		(608)664-4155 ext. _____	
Study Area Code of Reporting Carrier	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018
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.			

TDS Telecom Group-E

- 310672 – Communication Corporation of Michigan
- 150089 – Deposit Telephone Company, Inc.
- 100010 – Hampden Telephone Company
- 100011 – Hartland and St. Albans Telephone Company
- 542322 – Hornitos Telephone Co.
- 140058 - Ludlow Telephone Company
- 240533 - McClellanville Telephone Company, Inc.
- 193029 - New Castle Telephone Company
- 150118 – Port Byron Telephone Company
- 283301 – Southeast Mississippi Telephone Company, Inc.
- 240544 – St. Stephen Telephone Company
- 170206 – Sugar Valley Telephone Company
- 150133 – Vernon Telephone Company, Inc.
- 100031 – Warren Telephone Company
- 542323 – Winterhaven Telephone Company

**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 the 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	See TDS Telecom ILEC Listing Below		
Signature of Authorized Officer		Date	5/14/2018
Printed name of Authorized Officer	Andrew Petersen		
Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs		
Telephone number of Authorized Officer.	(608)664-4155 ext. _ _ _ _		
Study Area Code of Reporting Carrier	See TDS Telecom ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018

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.

TDS Telecom Group-F

- 522404 – Asotin Telephone Company (WA)
- 532404 – Asotin Telephone Company (OR)
- 280448 – Calhoun City Telephone Company, Inc.
- 310685 – Chatham Telephone Company
- 320809 – Communications Corporation of Southern Indiana
- 330875 – Dickeyville Telephone, LLC
- 330914 – EastCoast Telecom of Wisconsin, LLC
- 150092 - Edwards Telephone Company, Inc.
- 320778 - Home Telephone Company, Inc. Waldron
- 290566 – Humphreys County Telephone Company
- 432010 – Mid-America Telephone, Inc.
- 287449 – Myrtle Telephone Company, Inc.
- 472230 – Potlatch Telephone Company
- 310726 – Shiawassee Telephone Company
- 330958 – Tenney Telephone Company, LLC
- 330880 – The Farmers Telephone Company, LLC
- 310738 – Wolverine Telephone Company

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		See TDS Telecom ILEC Listing Below	
Signature of Authorized Officer		Date 05/13/2018	
Printed name of Authorized Officer		Andrew Petersen	
Title or position of Authorized Officer		Sr. Vice President – Corporate Affairs	
Telephone number of Authorized Officer.		(608)664-4155 ext. _____	
Study Area Code of Reporting Carrier	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018
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.			

TDS Telecom Group-F

- 522404 – Asotin Telephone Company (WA)
- 532404 – Asotin Telephone Company (OR)
- 280448 – Calhoun City Telephone Company, Inc.
- 310685 – Chatham Telephone Company
- 320809 – Communications Corporation of Southern Indiana
- 330875 – Dickeyville Telephone, LLC
- 330914 – EastCoast Telecom of Wisconsin, LLC
- 150092 - Edwards Telephone Company, Inc.
- 320778 - Home Telephone Company, Inc. Waldron
- 290566 – Humphreys County Telephone Company
- 432010 – Mid-America Telephone, Inc.
- 287449 – Myrtle Telephone Company, Inc.
- 472230 – Potlatch Telephone Company
- 310726 – Shiawassee Telephone Company
- 330958 – Tenney Telephone Company, LLC
- 330880 – The Farmers Telephone Company, LLC
- 310738 – Wolverine Telephone Company

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		See TDS Telecom ILEC Listing Below	
Signature of Authorized Officer			Date 05/13/2018
Printed name of Authorized Officer		Andrew Petersen	
Title or position of Authorized Officer		Sr. Vice President – Corporate Affairs	
Telephone number of Authorized Officer.		(608)664-4155 ext. _____	
Study Area Code of Reporting Carrier	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018
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.			

TDS Telecom Group-F

- 522404 – Asotin Telephone Company (WA)
- 532404 – Asotin Telephone Company (OR)
- 280448 – Calhoun City Telephone Company, Inc.
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- 320809 – Communications Corporation of Southern Indiana
- 330875 – Dickeyville Telephone, LLC
- 330914 – EastCoast Telecom of Wisconsin, LLC
- 150092 - Edwards Telephone Company, Inc.
- 320778 - Home Telephone Company, Inc. Waldron
- 290566 – Humphreys County Telephone Company
- 432010 – Mid-America Telephone, Inc.
- 287449 – Myrtle Telephone Company, Inc.
- 472230 – Potlatch Telephone Company
- 310726 – Shiawassee Telephone Company
- 330958 – Tenney Telephone Company, LLC
- 330880 – The Farmers Telephone Company, LLC
- 310738 – Wolverine Telephone Company

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, this 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		See TDS Telecom ILEC Listing Below	
Signature of Authorized Officer		Date 05/13/2018	
Printed name of Authorized Officer		Andrew Petersen	
Title or position of Authorized Officer		Sr. Vice President – Corporate Affairs	
Telephone number of Authorized Officer.		(608)664-4155 ext. _____	
Study Area Code of Reporting Carrier	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018
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.			

TDS Telecom Group-F

- 522404 – Asotin Telephone Company (WA)
- 532404 – Asotin Telephone Company (OR)
- 280448 – Calhoun City Telephone Company, Inc.
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- 472230 – Potlatch Telephone Company
- 310726 – Shiawassee Telephone Company
- 330958 – Tenney Telephone Company, LLC
- 330880 – The Farmers Telephone Company, LLC
- 310738 – Wolverine Telephone Company

**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 the 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	See TDS Telecom ILEC Listing Below		
Signature of Authorized Officer		Date	5/14/2018
Printed name of Authorized Officer	Andrew Petersen		
Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs		
Telephone number of Authorized Officer.	(608)664-4155 ext. _ _ _ _		
Study Area Code of Reporting Carrier	See TDS Telecom ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018

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.

TDS Telecom Group-G

- | | |
|---|---|
| 300585 – Arcadia Telephone Company | 140061 - Northfield Telephone Company |
| 330849 – Black Earth Telephone Company, LLC | 300645 – Oakwood Telephone Company |
| 330851 – Bonduel Telephone Company, LLC | 150114 – Oriskany Falls Telephone Company |
| 330856 – Burlington, Brighton and
Wheatland Telephone Company, LLC | 140062 – Perkinsville Telephone Company, Inc. |
| 320744 – Camden Telephone Company, Inc. | 260417 – Salem Telephone Company |
| 100005 - Cobbosseecontee Telephone Company | 330945 – Scandinavia Telephone Company, LLC |
| 300607 - Continental Telephone Company | 330952 – Southeast Telephone Co. of Wisconsin, LLC |
| 330930 – Grantland Telecom, LLC | 320777 – The Home Telephone Company of Pittsboro, Inc. |
| 542321 – Happy Valley Telephone Company | 100007 – The Island Telephone Company |
| 310677 – Island Telephone Company | 320788 – The Merchants and Farmers Telephone Company |
| 522427 – Lewis River Telephone Company, Inc. | 300955 – The State Long Distance Telephone Company, LLC |
| 260412 – Lewisport Telephone Company | 100034 – The West Penobscot Telephone and Telegraph Company |
| 300613 – Little Miami Communications Corporation | 150129 – Township Telephone Company, Inc. |
| 170183 – Mahanoy and Mahantango Telephone Company | 361507 – Winsted Telephone Company |
| 522430 – McDaniel Telephone Company | |
| 300915 - Mosinee Telephone Company, LLC | |

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		See TDS Telecom ILEC Listing Below	
Signature of Authorized Officer			Date 05/13/2018
Printed name of Authorized Officer		Andrew Petersen	
Title or position of Authorized Officer		Sr. Vice President – Corporate Affairs	
Telephone number of Authorized Officer.		(608)664-4155 ext. _____	
Study Area Code of Reporting Carrier	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018
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.			

TDS Telecom Group-G

- | | |
|---|---|
| 300585 – Arcadia Telephone Company | 140061 - Northfield Telephone Company |
| | 300645 – Oakwood Telephone Company |
| 330849 – Black Earth Telephone Company, LLC | 150114 – Oriskany Falls Telephone Company |
| 330851 – Bonduel Telephone Company, LLC | 140062 – Perkinsville Telephone Company, Inc. |
| 330856 – Burlington, Brighton and
Wheatland Telephone Company, LLC | 260417 – Salem Telephone Company |
| 320744 – Camden Telephone Company, Inc. | 330945 – Scandinavia Telephone Company, LLC |
| 100005 - Cobbosseecontee Telephone Company | 330952 – Southeast Telephone Co. of Wisconsin, LLC |
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| 330930 – Grantland Telecom, LLC | 100007 – The Island Telephone Company |
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| 260412 – Lewisport Telephone Company | 150129 – Township Telephone Company, Inc. |
| 300613 – Little Miami Communications Corporation | 361507 – Winsted Telephone Company |
| 170183 – Mahanoy and Mahantango Telephone Company | |
| 522430 – McDaniel Telephone Company | |
| 300915 - Mosinee Telephone Company, LLC | |

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		See TDS Telecom ILEC Listing Below	
Signature of Authorized Officer		Date 05/13/2018	
Printed name of Authorized Officer		Andrew Petersen	
Title or position of Authorized Officer		Sr. Vice President – Corporate Affairs	
Telephone number or Authorized Officer.		(608)664-4155 ext. _____	
Study Area Code of Reporting Carrier	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018

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.

TDS Telecom Group-G

- | | |
|---|---|
| 300585 – Arcadia Telephone Company | 140061 - Northfield Telephone Company |
| | 300645 – Oakwood Telephone Company |
| 330849 – Black Earth Telephone Company, LLC | 150114 – Oriskany Falls Telephone Company |
| 330851 – Bonduel Telephone Company, LLC | 140062 – Perkinsville Telephone Company, Inc. |
| 330856 – Burlington, Brighton and
Wheatland Telephone Company, LLC | 260417 – Salem Telephone Company |
| 320744 – Camden Telephone Company, Inc. | 330945 – Scandinavia Telephone Company, LLC |
| 100005 - Cobbosseecontee Telephone Company | 330952 – Southeast Telephone Co. of Wisconsin, LLC |
| 300607 - Continental Telephone Company | 320777 – The Home Telephone Company of Pittsboro, Inc. |
| 330930 – Grantland Telecom, LLC | 100007 – The Island Telephone Company |
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| 260412 – Lewisport Telephone Company | 150129 – Township Telephone Company, Inc. |
| 300613 – Little Miami Communications Corporation | 361507 – Winsted Telephone Company |
| 170183 – Mahanoy and Mahantango Telephone Company | |
| 522430 – McDaniel Telephone Company | |
| 300915 - Mosinee Telephone Company, LLC | |

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, this 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).

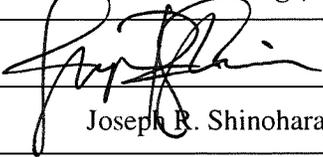
Name of Reporting Carrier		See TDS Telecom ILEC Listing Below	
Signature of Authorized Officer			Date 05/13/2018
Printed name of Authorized Officer		Andrew Petersen	
Title or position of Authorized Officer		Sr. Vice President – Corporate Affairs	
Telephone number of Authorized Officer.		(608)664-4155 ext. _ _ _ _	
Study Area Code of Reporting Carrier	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018
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.			

TDS Telecom Group-G

- | | |
|---|---|
| 300585 – Arcadia Telephone Company | 140061 - Northfield Telephone Company |
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| 320744 – Camden Telephone Company, Inc. | 330945 – Scandinavia Telephone Company, LLC |
| 100005 - Cobbosseecontee Telephone Company | 330952 – Southeast Telephone Co. of Wisconsin, LLC |
| 300607 - Continental Telephone Company | 320777 – The Home Telephone Company of Pittsboro, Inc. |
| 330930 – Grantland Telecom, LLC | 100007 – The Island Telephone Company |
| 542321 – Happy Valley Telephone Company | 320788 – The Merchants and Farmers Telephone Company |
| 310677 – Island Telephone Company | 300955 – The State Long Distance Telephone Company, LLC |
| 522427 – Lewis River Telephone Company, Inc. | 100034 – The West Penobscot Telephone and Telegraph Company |
| 260412 – Lewisport Telephone Company | 150129 – Township Telephone Company, Inc. |
| 300613 – Little Miami Communications Corporation | 361507 – Winsted Telephone Company |
| 170183 – Mahanoy and Mahantango Telephone Company | |
| 522430 – McDaniel Telephone Company | |
| 300915 - Mosinee Telephone Company, LLC | |

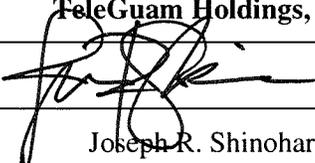
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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		TeleGuam Holdings, LLC	
Signature of Authorized Officer		Date	06/06/2018
Printed name of Authorized Officer	Joseph R. Shinohara		
Title or position of Authorized Officer	Executive VP of Finance		
Telephone number of Authorized Officer.	(671) 644-1653 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	663800	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.			

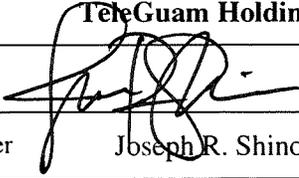
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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		TeleGuam Holdings, LLC	
Signature of Authorized Officer		Date	06/06/2018
Printed name of Authorized Officer	Joseph R. Shinohara		
Title or position of Authorized Officer	Executive VP of Finance		
Telephone number of Authorized Officer.	(671) 644-1653 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	663800	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.			

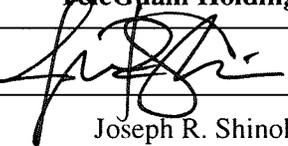
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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		TeleGuam Holdings, LLC	
Signature of Authorized Officer		Date	06/06/2018
Printed name of Authorized Officer	Joseph R. Shinohara		
Title or position of Authorized Officer	Executive VP of Finance		
Telephone number or Authorized Officer.	(671) 644-1653 ext. _ _ _ _		
Study Area Code of Reporting Carrier	663800	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	TeleGuam Holdings, LLC		
Signature of Authorized Officer		Date	06/06/2018
Printed name of Authorized Officer	Joseph R. Shinohara		
Title or position of Authorized Officer	Executive VP of Finance		
Telephone number of Authorized Officer.	(671) 644-1653 ext. _ _ _ _		
Study Area Code of Reporting Carrier	663800	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		Total Communications, Inc.	
Signature of Authorized Officer		<i>Keith Watson</i>	Date 6/11/18
Printed name of Authorized Officer		Keith Watson	
Title or position of Authorized Officer		Executive VP/Controller	
Telephone number of Authorized Officer.		918-535-2208ext. _ _ _ _	
Study Area Code of Reporting Carrier	432030-OK	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
	412030-KS		

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

Signature of Authorized Officer

Keith Watson

Date

6/11/18

Printed name of Authorized Officer

Keith Watson

Title or position of Authorized Officer

Executive VP/Controller

Telephone number of Authorized Officer.

918-535-2208ext. _ _ _ _

Study Area Code of Reporting Carrier

**432030-
OK**

**412030-
KS**

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 **Total Communications, Inc.**

Signature of Authorized Officer



Date

6/11/18

Printed name of Authorized Officer Keith Watson

Title or position of Authorized Officer Executive VP/Controller

Telephone number or Authorized Officer. 918-535-2208ext. _ _ _ _ _

Study Area Code of Reporting Carrier

**432030-
OK**

**412030-
KS**

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		Totah Communications, Inc.	
Signature of Authorized Officer		<i>Keith Watson</i>	Date 6/11/18
Printed name of Authorized Officer		Keith Watson	
Title or position of Authorized Officer		Executive VP/Controller	
Telephone number of Authorized Officer.		918-535-2208ext. _ _ _ _	
Study Area Code of Reporting Carrier	432030- OK	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
	412030- KS		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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	Tri County Telephone Association, Inc.		
Signature of Authorized Officer		Date	6/1/18
Printed name of Authorized Officer	STEVEN C. HARPO		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(307) 568 2427 ext. _____		
Study Area Code of Reporting Carrier	512296	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		Tri County Telephone Association, Inc.	
Signature of Authorized Officer		Date	6/1/18
Printed name of Authorized Officer		STEVEN C. HARPER	
Title or position of Authorized Officer		CFO	
Telephone number of Authorized Officer.		(307) 568 2427 ext. _____	
Study Area Code of Reporting Carrier	512296	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		Tri County Telephone Association, Inc.	
Signature of Authorized Officer		Date	
Printed name of Authorized Officer		Title or position of Authorized Officer	
Telephone number or Authorized Officer.		Study Area Code of Reporting Carrier	
Filing Due Date for this form (mm/dd/yyyy)		Study Area Code of Reporting Carrier	

Signature: *St. C.* Date: *6/1/18*
 Printed name: *STEVEN C. HARPER* Title: *CFO*
 Telephone: *(301) 568 2427* ext. _____ Study Area Code: **512296**
 Filing Due Date: **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		Tri County Telephone Association, Inc.	
Signature of Authorized Officer		<i>St. C</i>	Date <i>6/1/18</i>
Printed name of Authorized Officer		<i>STEVEN C. HARPER</i>	
Title or position of Authorized Officer		<i>CFO</i>	
Telephone number or Authorized Officer.		<i>(307) 568 2477</i> ext. _____	
Study Area Code of Reporting Carrier	512296	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 **Tri-County Telephone Company, Inc.**

Signature of Authorized Officer		Date	06/05/2018
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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	401726		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 **Tri-County 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	401726		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		Tri-County 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	401726	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

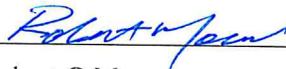
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Tri-County 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

401726

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	Chester Telephone Company d/b/a TruVista Communications		
Signature of Authorized Officer			Date 5-31-18
Printed name of Authorized Officer	David H. Brunt		
Title or position of Authorized Officer	Executive VP Administration & CFO		
Telephone number of Authorized Officer.	(803) 581-9195		
Study Area Code of Reporting Carrier	240516		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	Chester Telephone Company d/b/a TruVista Communications		
Signature of Authorized Officer		Date	5-31-18
Printed name of Authorized Officer	David H. Brunt		
Title or position of Authorized Officer	Executive VP Administration & CFO		
Telephone number of Authorized Officer.	(803) 581-9195		
Study Area Code of Reporting Carrier	240516	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 **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date 5-31-18

Printed name of Authorized Officer **David H. Brunt**

Title or position of Authorized Officer **Executive VP Administration & CFO**

Telephone number of Authorized Officer.

(803) 581-9195

Study Area Code of Reporting Carrier

240516

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 **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date 5-31-18

Printed name of Authorized Officer

David H. Brunt

Title or position of Authorized Officer

Executive VP Administration & CFO

Telephone number of Authorized Officer.

(803) 581-9195

Study Area Code of Reporting Carrier

240516

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	Lockhart Telephone Company d/b/a TruVista Communications		
Signature of Authorized Officer			Date 5-31-18
Printed name of Authorized Officer	David H. Brunt		
Title or position of Authorized Officer	Executive VP Administration & CFO		
Telephone number of Authorized Officer.	(803) 581-9195		
Study Area Code of Reporting Carrier	240532		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 **Lockhart Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer 

Date 5-31-18

Printed name of Authorized Officer David H. Brunt

Title or position of Authorized Officer Executive VP Administration & CFO

Telephone number of Authorized Officer. (803) 581-9195

Study Area Code of Reporting Carrier

240532

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 **Lockhart Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date 5-31-18

Printed name of Authorized Officer

David H. Brunt

Title or position of Authorized Officer

Executive VP Administration & CFO

Telephone number of Authorized Officer.

(803) 581-9195

Study Area Code of Reporting Carrier

240532

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

06/18/2018

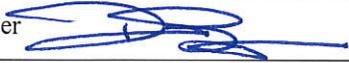
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Lockhart Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date 5-31-18

Printed name of Authorized Officer **David H. Brunt**

Title or position of Authorized Officer **Executive VP Administration & CFO**

Telephone number of Authorized Officer. **(803) 581-9195**

Study Area Code of Reporting Carrier

240532

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	Ridgeway Telephone Company d/b/a TruVista Communications		
Signature of Authorized Officer		Date	05/31/18
Printed name of Authorized Officer	David H. Brunt		
Title or position of Authorized Officer	Executive VP Administration & CFO		
Telephone number of Authorized Officer.	(803) 581-9195		
Study Area Code of Reporting Carrier	240541	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 **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date 05/31/18

Printed name of Authorized Officer **David H. Brunt**

Title or position of Authorized Officer **Executive VP Administration & CFO**

Telephone number of Authorized Officer.

(803) 581-9195

Study Area Code of Reporting Carrier

240541

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 **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date 05/31/18

Printed name of Authorized Officer **David H. Brunt**

Title or position of Authorized Officer **Executive VP Administration & CFO**

Telephone number of Authorized Officer. **(803) 581-9195**

Study Area Code of Reporting Carrier

240541

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 **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer 

Date 05/31/18

Printed name of Authorized Officer David H. Brunt

Title or position of Authorized Officer Executive VP Administration & CFO

Telephone number of Authorized Officer. (803) 581-9195

Study Area Code of Reporting Carrier

240541

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	Twin Lakes Telephone Cooperative Corp.		
Signature of Authorized Officer		Date	06/08/2018
Printed name of Authorized Officer	Bridget Betcher		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(<u>931</u>) <u>268</u> - <u>2151</u> ext. <u> </u>		
Study Area Code of Reporting Carrier	290579	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	Twin Lakes Telephone Cooperative Corp.		
Signature of Authorized Officer	<i>Bridget Betcher</i>	Date	06/08/2018
Printed name of Authorized Officer	Bridget Betcher		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(9 3 1) 2 6 8 - 2 1 5 1 ext. _ _ _ _		
Study Area Code of Reporting Carrier	290579	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 **Twin Lakes Telephone Cooperative Corp.**

Signature of Authorized Officer *Bridget Betcher* Date **06/08/2018**

Printed name of Authorized Officer **Bridget Betcher**

Title or position of Authorized Officer **CFO**

Telephone number or Authorized Officer. **(9 3 1) 2 6 8 - 2 1 5 1** ext. _ _ _ _

Study Area Code of Reporting Carrier	290579	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

Name of Reporting Carrier **Twin Lakes Telephone Cooperative Corp.**

Signature of Authorized Officer *Bridget Betcher* Date **06/08/2018**

Printed name of Authorized Officer **Bridget Betcher**

Title or position of Authorized Officer **CFO**

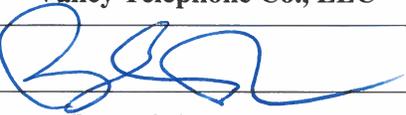
Telephone number or Authorized Officer. **(9 3 1) 2 6 8 - 2 1 5 1** ext. _ _ _ _

Study Area Code of Reporting Carrier	290579	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**

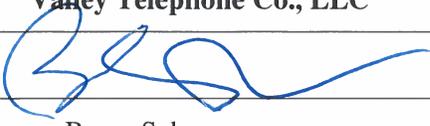
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, 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	Valley Telephone Co., LLC		
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	220324	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	Valley Telephone Co., LLC		
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	220324	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

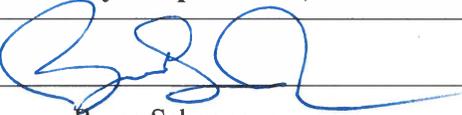
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier		Valley Telephone Co., LLC	
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	220324	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

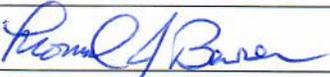
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Valley Telephone Co., LLC		
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	220324	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	Valley Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6-5-18
Printed name of Authorized Officer	Leonard Beurer		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(956) 642 - 1108 ext. 108		
Study Area Code of Reporting Carrier	442159	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 **Valley Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date **6-5-18**

Printed name of Authorized Officer

Leonard Beurer

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(956) 642 - 1108 ext. 108

Study Area Code of Reporting Carrier

442159

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 **Valley Telephone Cooperative, Inc.**

Signature of Authorized Officer

Leonard A Beurer

Date

6-5-18

Printed name of Authorized Officer

Leonard Beurer

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(956) 642 - 1108 ext. 108

Study Area Code of Reporting Carrier

442159

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	Valley Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	<i>6-5-18</i>
Printed name of Authorized Officer	Leonard Beurer		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(956) 642 - 1108 ext. 108		
Study Area Code of Reporting Carrier	442159	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	Wilkes Telephone & Electric Company, Inc.		
Signature of Authorized Officer	<i>April Dyson</i>	Date	06/18/2018
Printed name of Authorized Officer	April Dyson		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(706) 678-2121		
Study Area Code of Reporting Carrier	220394	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	Wilkes Telephone & Electric Company, Inc.		
Signature of Authorized Officer	<i>April Dyson</i>	Date	06/18/2018
Printed name of Authorized Officer	April Dyson		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(706) 678-2121		
Study Area Code of Reporting Carrier	220394	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 **Wilkes Telephone & Electric Company, Inc.**

Signature of Authorized Officer

April Dyson

Date

06/18/2018

Printed name of Authorized Officer

April Dyson

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

(706) 678-2121

Study Area Code of Reporting Carrier

220394

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 **Wilkes Telephone & Electric Company, Inc.**

Signature of Authorized Officer

April Dyson

Date 06/18/2018

Printed name of Authorized Officer
April Dyson

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer.

(706) 678-2121

Study Area Code of Reporting Carrier

220394

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 **Winnebago Cooperative Telecom Association**

Signature of Authorized Officer



Date

5/29/18

Printed name of Authorized Officer Mark Thoma

Title or position of Authorized Officer General Manager

Telephone number or Authorized Officer. (641) 592-6105 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

**351337-
IA**

**361337-
MN**

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 **Winnebago Cooperative Telecom Association**

Signature of Authorized Officer

Mark Thoma

Date

5/29/18

Printed name of Authorized Officer

Mark Thoma

Title or position of Authorized Officer

General Manager

Telephone number of Authorized Officer.

(641) 592-6105 ext. _ _ _ _

Study Area Code of Reporting Carrier

**351337-
IA**

**361337-
MN**

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		Winnebago Cooperative Telecom Association	
Signature of Authorized Officer		<i>Mark Thoma</i>	Date 5/29/18
Printed name of Authorized Officer		Mark Thoma	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer.		(641) 592-6105 ext. _ _ _ _	
Study Area Code of Reporting Carrier	351337-IA 361337-MN	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		Winnebago Cooperative Telecom Association	
Signature of Authorized Officer		<i>Mark Thoma</i>	Date 5/27/18
Printed name of Authorized Officer		Mark Thoma	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer.		(641) 592-6105 ext. _____	
Study Area Code of Reporting Carrier	351337-IA	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
	361337-MN		

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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	Winnebago Cooperative Telecom Association-LB		
Signature of Authorized Officer		Date	5/29/18
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	General Manager		
Telephone number of Authorized Officer.	(641) 592-6105 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351338	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		Winnebago Cooperative Telecom Association-LB	
Signature of Authorized Officer		<i>Mark Thoma</i>	Date <i>5/29/18</i>
Printed name of Authorized Officer		Mark Thoma	
Title or position of Authorized Officer		General Manager	
Telephone number or Authorized Officer.		(641) 592-6105 ext. _____	
Study Area Code of Reporting Carrier	351338	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	Winnebago Cooperative Telecom Association-LB		
Signature of Authorized Officer		Date	5/29/18
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	General Manager		
Telephone number of Authorized Officer.	(641) 592-6105 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351338		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

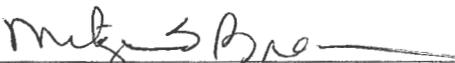
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		Winnebago Cooperative Telecom Association-LB	
Signature of Authorized Officer			Date 5/29/18
Printed name of Authorized Officer		Mark Thoma	
Title or position of Authorized Officer		General Manager	
Telephone number or Authorized Officer.		(641) 592-6105 ext. _ _ _ _	
Study Area Code of Reporting Carrier	351338	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		Yadkin Valley Telephone Membership Corporation	
Signature of Authorized Officer			Date 5/29/2018
Printed name of Authorized Officer		Mitzie S. Branon	
Title or position of Authorized Officer		Chief Executive Officer	
Telephone number of Authorized Officer.		(336) 463 5036 ext. _____	
Study Area Code of Reporting Carrier	230511	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.			

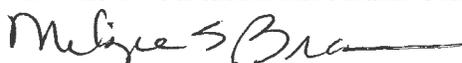
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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	Yadkin Valley Telephone Membership Corporation		
Signature of Authorized Officer		Date	5/29/2018
Printed name of Authorized Officer	Mitzie S. Branon		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number of Authorized Officer.	(336) 463 5036 ext. _____		
Study Area Code of Reporting Carrier	230511	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

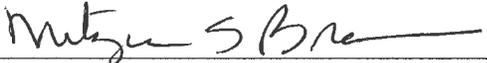
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier		Yadkin Valley Telephone Membership Corporation	
Signature of Authorized Officer		Date	5/29/2018
Printed name of Authorized Officer		Mitzie S. Branon	
Title or position of Authorized Officer		Chief Executive Officer	
Telephone number of Authorized Officer.		(336) 463 5036 ext. _____	
Study Area Code of Reporting Carrier	230511	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	Yadkin Valley Telephone Membership Corporation		
Signature of Authorized Officer		Date	5/29/2018
Printed name of Authorized Officer	Mitzie S. Branon		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number or Authorized Officer.	(336) 463 5036 ext. _____		
Study Area Code of Reporting Carrier	230511	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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