


**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				Date	5/29/2018
Printed name of Authorized Officer	Cindy Rothstein				
Title or position of Authorized Officer	Executive Director of Finance				
Telephone number of Authorized Officer.	(336) 876-6304				
Study Area Code of Reporting Carrier	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	<b>Skyline Telephone Membership Corporation</b>
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Signature of Authorized Officer	<i>Cindy Rothstein</i>	Date	<i>5/29/2018</i>
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Printed name of Authorized Officer	Cindy Rothstein
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Title or position of Authorized Officer	Executive Director of Finance
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Telephone number of Authorized Officer.	(336) 876-6304
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Study Area Code of Reporting Carrier	<b>230501</b>		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier	<b>Skyline Telephone Membership Corporation</b>
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Printed name of Authorized Officer	<b>Cindy Rothstein</b>
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Title or position of Authorized Officer	<b>Executive Director of Finance</b>
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Telephone number or Authorized Officer.	<b>(336) 876-6304</b>
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Study Area Code of Reporting Carrier	<b>230501</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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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	<b>210330</b>		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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Name of Reporting Carrier	<b>Smart City Telecommunications LLC d/b/a Smart City Telecom</b>
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Signature of Authorized Officer		Date 06/04/2018
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Printed name of Authorized Officer	<b>James Schumacher</b>
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Title or position of Authorized Officer	<b>VP Finance &amp; Administration</b>
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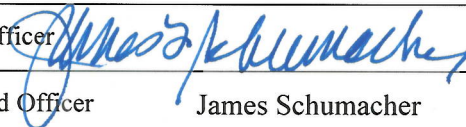
Telephone number or Authorized Officer.	<b>( 407) 828-6656 ext. _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>210330</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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Name 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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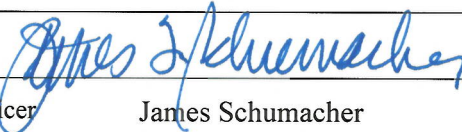
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**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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                      **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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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Smithville Telephone Company, Inc.**

Signature of Authorized Officer

*Rog V. Thompson*

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**

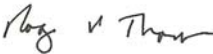
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**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>Smithville Telephone Company, Inc.</b>			
Signature of Authorized Officer			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	<b>280467</b>		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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Name of Reporting Carrier                      **Smithville Telephone Company, Inc.**

Signature of Authorized Officer

*Rog 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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Name of Reporting Carrier                      **Smithville Telephone Company, Inc.**

Signature of Authorized Officer

*Rog 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

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)
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Name of Reporting Carrier	South Central Rural Telephone Cooperative
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Signature of Authorized Officer	Date
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*Jeff Eaton*

*5/29/2018*

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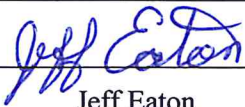
Telephone number or Authorized Officer.	( <i>270</i> ) <i>678 2111</i> ext. ____
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Study Area Code of Reporting Carrier	260418		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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Name of Reporting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

Study Area Code of Reporting Carrier	<b>260418</b>		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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Name of Reporting Carrier                      **South Central Rural Telephone Cooperative**

Signature of Authorized Officer

*Jeff Eaton*

Date

*5/29/2018*

Printed name of Authorized Officer

Jeff Eaton

Title or position of Authorized Officer

General Manager

Telephone number or Authorized  
Officer.

(270) 678 2111 ext. \_\_\_\_

Study Area Code of Reporting Carrier

**260418**

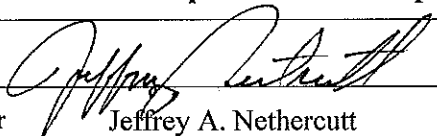
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Name of Reporting Carrier	<b>Star Telephone Membership Corp.</b>		
Signature of Authorized Officer		Date	May 25, 2018
Printed name of Authorized Officer	Jeffrey A. Nethercutt		
Title or position of Authorized Officer	Executive Vice President and General Manager		
Telephone number or Authorized Officer.	( 910 ) 564-7201		
Study Area Code of Reporting Carrier	<b>230502</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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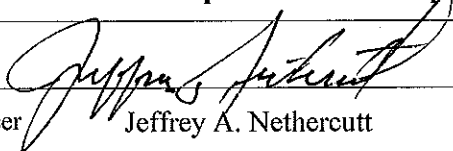
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

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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06/18/2018

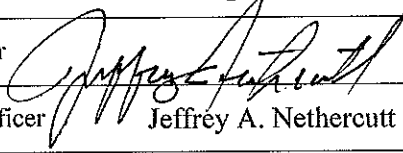
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Name of Reporting Carrier      **Star Telephone Membership Corp.**

Signature of Authorized Officer



Date

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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 of Authorized Officer.

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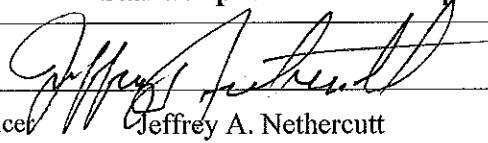
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Signature of Authorized Officer



Date

May 25, 2018

Printed name of Authorized Officer

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Title or position of Authorized Officer

Executive Vice President and General Manager

Telephone number of Authorized  
Officer.

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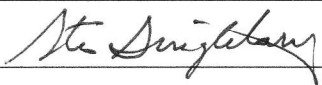
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Name of Reporting Carrier	<b>Taylor Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer		Date	05-31-18
Printed name of Authorized Officer	Steve Singletary		
Title or position of Authorized Officer	General Manager/CEO		
Telephone number 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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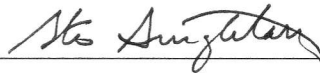
Name of Reporting Carrier	<b>Taylor Telephone Cooperative, Inc.</b>				
Signature of Authorized Officer				Date	05-31-18
Printed name of Authorized Officer	Steve Singletary				
Title or position of Authorized Officer	General Manager/CEO				
Telephone number or Authorized Officer.	(325) 846-4111				
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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**

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**06/18/2018**

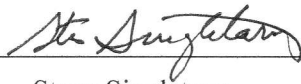
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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                      **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**

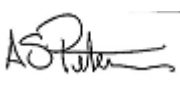
Filing Due Date for this form  
(mm/dd/yyyy)

**06/18/2018**

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**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	<b>See TDS Telecom ILEC Listing Below</b>			
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	<b>See TDS Telecom ILEC Listing Below</b>		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-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	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	-------------------------------------------

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	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2018	
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**TDS Telecom Group-A**

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330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee 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	<b>See TDS Telecom ILEC Listing Below</b>
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Signature of Authorized Officer		Date 05/13/2018
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Printed name of Authorized Officer	Andrew Petersen
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Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs
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Telephone number or Authorized Officer.	(608)664-4155 ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2018	
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330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company

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Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
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Signature of Authorized Officer		Date 05/13/2018
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Printed name of Authorized Officer	Andrew Petersen
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Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs
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Telephone number or Authorized Officer.	(608)664-4155 ext. _ _ _ _
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**TDS Telecom Group-A**

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330917 – Mt Vernon Telephone Company, LLC

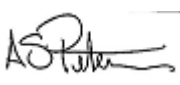
431984 – Oklahoma Communication Systems, Inc.

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	<b>See TDS Telecom ILEC Listing Below</b>			
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	<b>See TDS Telecom ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
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**TDS Telecom-Group B**

361350 Arvig Telephone Co. 330844 Badger Telecom, LLC 220346 Blue Ridge Telephone Co. 361362 Bridge Water Telephone Co. 330859 Central State Telephone Co., LLC 290559 Concord Telephone Exchange, Inc. 330881 Mid-Plains Telephone, LLC 361433 Mid State Telephone Company	220375 Nelson-Ball Ground Telephone Co. 210338 Quincy (FL) Telephone Co. 220338 Quincy (GA) Telephone Co. 330954 Stockbridge and Sherwood Tel. Co., LLC 462207 Strasburg Telephone Co. 290578 Tellico Telephone Co., Inc. 330963 UTELCO, LLC.
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
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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. _ _ _ _
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Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018	

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**TDS Telecom-Group B**

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220346 Blue Ridge Telephone Co.

361362 Bridge Water Telephone Co.

330859 Central State Telephone Co., LLC

290559 Concord Telephone Exchange, Inc.

330881 Mid-Plains Telephone, LLC

361433 Mid State Telephone Company

220375 Nelson-Ball Ground Telephone Co.

210338 Quincy (FL) Telephone Co.

220338 Quincy (GA) Telephone Co.

330954 Stockbridge and Sherwood Tel. Co., LLC

462207 Strasburg Telephone Co.

290578 Tellico Telephone Co., Inc.

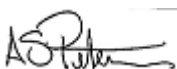
330963 UTELCO, LLC.

### 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**

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361433 Mid State Telephone Company

220375 Nelson-Ball Ground Telephone Co.

210338 Quincy (FL) Telephone Co.

220338 Quincy (GA) Telephone Co.

330954 Stockbridge and Sherwood Tel. Co., LLC

462207 Strasburg Telephone Co.

290578 Tellico Telephone Co., Inc.

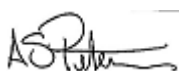
330963 UTELCO, LLC.

**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 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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220375 Nelson-Ball Ground Telephone Co.

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330954 Stockbridge and Sherwood Tel. Co., LLC

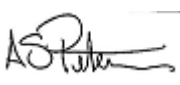
462207 Strasburg Telephone Co.

290578 Tellico Telephone Co., Inc.

330963 UTELCO, LLC.

**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	<b>See TDS Telecom ILEC Listing Below</b>				
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	<b>See TDS Telecom ILEC Listing Below</b>		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	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	-------------------------------------------

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	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2018	
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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 for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
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Signature of Authorized Officer		Date 05/13/2018
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Printed name of Authorized Officer	Andrew Petersen
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Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs
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Telephone number or Authorized Officer.	(608)664-4155 ext. _ _ _ _
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**TDS Telecom-Group C**

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

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Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
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Signature of Authorized Officer		Date 05/13/2018
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Printed name of Authorized Officer	Andrew Petersen
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Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs
-----------------------------------------	----------------------------------------

Telephone number or Authorized Officer.	(608)664-4155 ext. _ _ _ _
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**TDS Telecom-Group C**

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100024 - Somerset Telephone Company

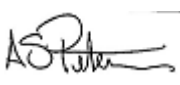
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)				
Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>				
Signature of Authorized Officer			Date 5/14/2018		
Printed name of Authorized Officer	Andrew Petersen				
Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs				
Telephone number of Authorized Officer.	(608)664-4155 ext. _ _ _ _				
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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		<b>See TDS Telecom ILEC Listing Below</b>	
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	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2018
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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 for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
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Signature of Authorized Officer		Date 05/13/2018
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Printed name of Authorized Officer	Andrew Petersen
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Title or position of Authorized Officer	Sr. Vice President – Corporate Affairs
-----------------------------------------	----------------------------------------

Telephone number or Authorized Officer.	(608)664-4155 ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2018	
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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

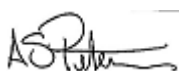
120050 - Wilton Telephone Company, Inc.

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

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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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**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.

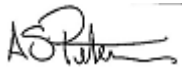
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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-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

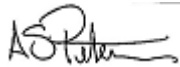
542323 – Winterhaven Telephone Company

**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**

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100011 – Hartland and St. Albans Telephone Company

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100031 – Warren Telephone Company

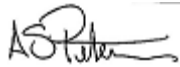
542323 – Winterhaven Telephone Company

**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

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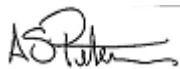
542323 – Winterhaven Telephone Company

**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

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**TDS Telecom Group-E**

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240544 – St. Stephen Telephone Company

170206 – Sugar Valley Telephone Company

150133 – Vernon Telephone Company, Inc.

100031 – Warren Telephone Company

542323 – Winterhaven Telephone Company



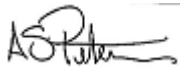
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

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  
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**TDS Telecom Group-F**

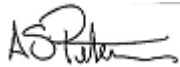
522404 – Asotin Telephone Company (WA)  
532404 – Asotin Telephone Company (OR)  
280448 – Calhoun City Telephone Company, Inc.  
310685 – Chatham Telephone Company  
320809 – Communications Corporation of Southern Indiana  
330875 – Dickeyville Telephone, LLC  
330914 – EastCoast Telecom of Wisconsin, 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

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TELECOM  
ILEC Listing  
Below**

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

06/16/2018

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**TDS Telecom Group-F**

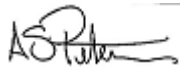
522404 – Asotin Telephone Company (WA)  
532404 – Asotin Telephone Company (OR)  
280448 – Calhoun City Telephone Company, Inc.  
310685 – Chatham Telephone Company  
320809 – Communications Corporation of Southern Indiana  
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320778 - Home Telephone 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  
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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

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**TDS Telecom Group-F**

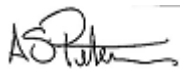
522404 – Asotin Telephone Company (WA)  
532404 – Asotin Telephone Company (OR)  
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320809 – Communications Corporation of Southern Indiana  
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290566 – Humphreys County Telephone Company  
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287449 – 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**

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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

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**TDS Telecom Group-F**

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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  
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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	<b>See TDS Telecom ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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**TDS Telecom Group-G**

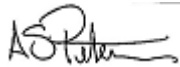
300585 – Arcadia Telephone Company  330849 – Black Earth Telephone Company, LLC 330851 – Bonduel Telephone Company, LLC 330856 – Burlington, Brighton and Wheatland Telephone Company, LLC 320744 – Camden Telephone Company, Inc. 100005 - Cobbosseecontee Telephone Company 300607 - Continental Telephone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

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Name of Reporting Carrier **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

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#### **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

260417 – Salem Telephone Company

Wheatland Telephone Company, LLC

330945 – Scandinavia Telephone Company, LLC

320744 – Camden Telephone Company, Inc.

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542321 – Happy Valley Telephone Company

300955 – The State Long Distance Telephone Company, LLC

310677 – Island Telephone Company

100034 – The West Penobscot Telephone and Telegraph Company

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150129 – Township Telephone Company, Inc.

260412 – Lewisport Telephone Company

361507 – Winsted Telephone Company

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170183 – Mahanoy and Mahantango Telephone Company

522430 – McDaniel Telephone Company

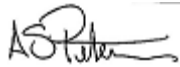
300915 - Mosinee Telephone Company, LLC

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

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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

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### TDS Telecom Group-G

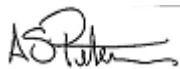
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330851 – Bonduel Telephone Company, LLC	140062 – Perkinsville Telephone Company, Inc.
330856 – Burlington, Brighton and	260417 – Salem Telephone Company
Wheatland Telephone Company, LLC	330945 – Scandinavia Telephone Company, LLC
320744 – Camden Telephone Company, Inc.	330952 – Southeast Telephone Co. of Wisconsin, LLC
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542321 – Happy Valley Telephone Company	300955 – The State Long Distance Telephone Company, LLC
310677 – Island Telephone Company	100034 – The West Penobscot Telephone and Telegraph Company
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260412 – Lewisport Telephone Company	361507 – Winsted Telephone Company
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170183 – Mahanoy and Mahantango Telephone Company	
522430 – McDaniel Telephone Company	
300915 - Mosinee Telephone Company, LLC	

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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

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TELECOM  
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140062 – Perkinsville Telephone Company, Inc.

260417 – Salem Telephone Company

330945 – Scandinavia Telephone Company, LLC

330952 – Southeast Telephone Co. of Wisconsin, LLC

320777 – The Home Telephone Company of Pittsboro, Inc.

100007 – The Island Telephone Company

320788 – The Merchants and Farmers Telephone Company

300955 – The State Long Distance Telephone Company, LLC

100034 – The West Penobscot Telephone and Telegraph Company

150129 – Township Telephone Company, Inc.

361507 – Winsted 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, 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).**

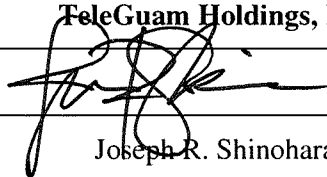
Name of Reporting Carrier		TeleGuam Holdings, LLC	
Signature of Authorized Officer		Date 06/06/2018	
Printed name of Authorized Officer		Joseph R. Shinohara	
Title or position of Authorized Officer		Executive VP of Finance	
Telephone number or Authorized Officer.		( 671) 644-1653 ext. _ _ _ _	
Study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

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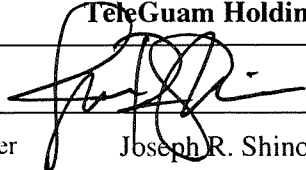
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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

**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**

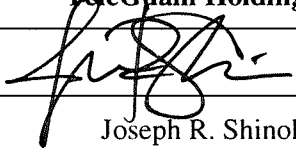
Filing Due Date for this form  
(mm/dd/yyyy)

06/18/2018

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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		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 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

*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

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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                      **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 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

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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                      **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 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)

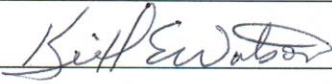
06/18/2018

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

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

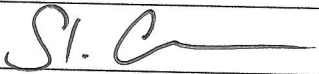
Name of Reporting Carrier	<b>Totah Communications, Inc.</b>		
Signature of Authorized Officer		Date	6/11/18
Printed name of Authorized Officer	Keith Watson		
Title or position of Authorized Officer	Executive VP/Controller		
Telephone number of Authorized Officer.	918-535-2208ext. _ _ _ _		
Study Area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

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



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

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

Name of Authorized Agent		John Staurulakis, Inc. (JSI)	
Name of Reporting Carrier		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 or 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	<b>Tri County Telephone Association, Inc.</b>		
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 2427</i> ext. _____		
Study Area Code of Reporting Carrier	<b>512296</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>

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

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

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

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

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

Name of Reporting Carrier	<b>Tri County Telephone Association, Inc.</b>		
Signature of Authorized Officer	<i>St. C</i>	Date	<i>6/1/18</i>
Printed name of Authorized Officer	<i>STEVEN C. HARRIS</i>		
Title or position of Authorized Officer	<i>CFO</i>		
Telephone number or Authorized Officer.	<i>(307) 568 2477</i> ext. <i>----</i>		
Study Area Code of Reporting Carrier	<b>512296</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>

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

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

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

Name of Reporting Carrier                      **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

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 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

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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                      **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**

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

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

Name of Reporting Carrier	<b>Tri-County Telephone Company, Inc.</b>
---------------------------	-------------------------------------------

Signature of Authorized Officer		Date	06/05/2018
---------------------------------	-----------------------------------------------------------------------------------	------	------------

Printed name of Authorized Officer	<b>Robert G Mouser</b>
------------------------------------	------------------------

Title or position of Authorized Officer	<b>Vice President</b>
-----------------------------------------	-----------------------

Telephone number or Authorized Officer.	<b>(870 ) 429 - 1116</b>
-----------------------------------------	--------------------------

Study Area Code of Reporting Carrier	<b>401726</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **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 as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier		<b>Chester Telephone Company d/b/a TruVista Communications</b>	
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	<b>240516</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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



Name of Reporting Carrier	<b>Chester Telephone Company d/b/a TruVista Communications</b>
---------------------------	----------------------------------------------------------------

Signature of Authorized Officer		Date 5-31-18
---------------------------------	-----------------------------------------------------------------------------------	--------------

Printed name of Authorized Officer	<b>David H. Brunt</b>
------------------------------------	-----------------------

Title or position of Authorized Officer	<b>Executive VP Administration &amp; CFO</b>
-----------------------------------------	----------------------------------------------

Telephone number of Authorized Officer.	<b>(803) 581-9195</b>
-----------------------------------------	-----------------------

Study Area Code of Reporting Carrier	<b>240516</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier	<b>Chester Telephone Company d/b/a TruVista Communications</b>
---------------------------	----------------------------------------------------------------

Signature of Authorized Officer 	Date 5-31-18
-------------------------------------------------------------------------------------------------------------------	--------------

Printed name of Authorized Officer	<b>David H. Brunt</b>
------------------------------------	-----------------------

Title or position of Authorized Officer	<b>Executive VP Administration &amp; CFO</b>
-----------------------------------------	----------------------------------------------

Telephone number of Authorized Officer.	<b>(803) 581-9195</b>
-----------------------------------------	-----------------------

Study Area Code of Reporting Carrier	<b>240516</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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


Name of Authorized Agent	John Staurulakis, Inc. (JSI)				
Name of Reporting Carrier	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 as to the Accuracy of the CAF ICC Data Reported**

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



Name of Reporting Carrier	<b>Lockhart Telephone Company d/b/a TruVista Communications</b>
---------------------------	-----------------------------------------------------------------

Signature of Authorized Officer		Date 5-31-18
---------------------------------	-----------------------------------------------------------------------------------	--------------

Printed name of Authorized Officer	<b>David H. Brunt</b>
------------------------------------	-----------------------

Title or position of Authorized Officer	<b>Executive VP Administration &amp; CFO</b>
-----------------------------------------	----------------------------------------------

Telephone number of Authorized Officer.	<b>(803) 581-9195</b>
-----------------------------------------	-----------------------

Study Area Code of Reporting Carrier	<b>240532</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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



Name of Reporting Carrier	<b>Lockhart Telephone Company d/b/a TruVista Communications</b>
---------------------------	-----------------------------------------------------------------

Signature of Authorized Officer		Date 5-31-18
---------------------------------	-----------------------------------------------------------------------------------	--------------

Printed name of Authorized Officer	<b>David H. Brunt</b>
------------------------------------	-----------------------

Title or position of Authorized Officer	<b>Executive VP Administration &amp; CFO</b>
-----------------------------------------	----------------------------------------------

Telephone number or Authorized Officer.	<b>(803) 581-9195</b>
-----------------------------------------	-----------------------

Study Area Code of Reporting Carrier	<b>240532</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier	<b>Lockhart Telephone Company d/b/a TruVista Communications</b>
---------------------------	-----------------------------------------------------------------

Signature of Authorized Officer		Date 5-31-18
---------------------------------	-----------------------------------------------------------------------------------	--------------

Printed name of Authorized Officer	<b>David H. Brunt</b>
------------------------------------	-----------------------

Title or position of Authorized Officer	<b>Executive VP Administration &amp; CFO</b>
-----------------------------------------	----------------------------------------------

Telephone number of Authorized Officer.	<b>(803) 581-9195</b>
-----------------------------------------	-----------------------

Study Area Code of Reporting Carrier	<b>240532</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



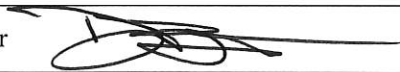
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **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	<b>Ridgeway Telephone Company d/b/a TruVista Communications</b>				
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	<b>240541</b>		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	

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

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


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

Name of Reporting Carrier		<b>Ridgeway Telephone Company d/b/a TruVista Communications</b>	
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	<b>240541</b>	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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

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

Name of Reporting Carrier		<b>Ridgeway Telephone Company d/b/a TruVista Communications</b>	
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	<b>240541</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)
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Name of Reporting Carrier	<b>Twin Lakes Telephone Cooperative Corp.</b>
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Signature of Authorized Officer		Date
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		06/08/2018
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Printed name of Authorized Officer	Bridget Betcher
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Title or position of Authorized Officer	CFO
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Telephone number or Authorized Officer.	( <u>931</u> ) <u>268-2151</u> ext. <u>    </u>
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Study Area Code of Reporting Carrier	<b>290579</b>		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier	<b>Twin Lakes Telephone Cooperative Corp.</b>			
Signature of Authorized Officer			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 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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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier	<b>Twin Lakes Telephone Cooperative Corp.</b>
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Signature of Authorized Officer		Date	06/08/2018
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Printed name of Authorized Officer	<b>Bridget Betcher</b>
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Title or position of Authorized Officer	<b>CFO</b>
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Telephone number or Authorized Officer.	<b>( 9 3 1 ) 2 6 8 - 2 1 5 1</b> ext. _ _ _ _
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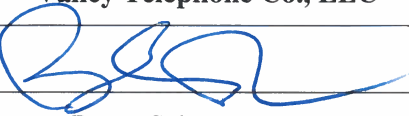
Study Area Code of Reporting Carrier	<b>290579</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

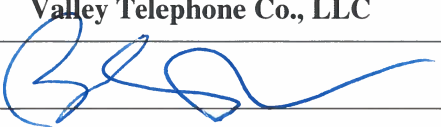
**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent;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

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

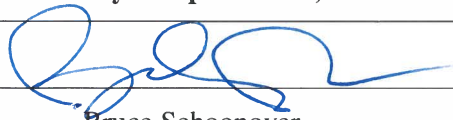
Name of Reporting Carrier	Valley Telephone Co., LLC				
Signature of Authorized Officer			Date 6/1/2018		
Printed name of Authorized Officer	Bruce Schoonover				
Title or position of Authorized Officer	VP Regulatory Compliance				
Telephone number or Authorized Officer.	( 706 ) 645-8116 ext. _ _ _ _				
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 of Authorized Officer.

**( 706 ) 645-8116** ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**220324**

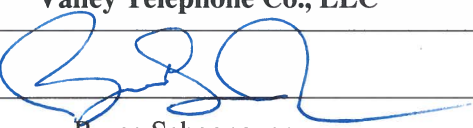
Filing Due Date for this form  
(mm/dd/yyyy)

**06/18/2018**

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**Certification of Officer 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 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  
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

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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 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	<b>Valley Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer		Date	<b>6-5-18</b>
Printed name of Authorized Officer	<b>Leonard Beurer</b>		
Title or position of Authorized Officer	<b>CFO</b>		
Telephone number or Authorized Officer.	<b>( 956 ) 642 - 1108 ext. 108</b>		
Study Area Code of Reporting Carrier	<b>442159</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>

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

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)
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Name of Reporting Carrier	<b>Wilkes Telephone &amp; Electric Company, Inc.</b>
---------------------------	------------------------------------------------------

Signature of Authorized Officer	<i>April Dyson</i>	Date	06/18/2018
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Printed name of Authorized Officer
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April Dyson
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Title or position of Authorized Officer	President
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Telephone number of Authorized Officer.	(706) 678-2121
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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 as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier	<b>Wilkes Telephone &amp; Electric Company, Inc.</b>				
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	<b>220394</b>		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier                      **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 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

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

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

Name of Reporting Carrier	<b>Wilkes Telephone &amp; Electric Company, Inc.</b>
---------------------------	------------------------------------------------------

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	<b>220394</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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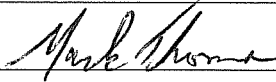
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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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

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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**

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

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

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Name of Reporting Carrier                      **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

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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**

Signature of Authorized Officer



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**

**361337-  
MN**

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-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

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-LB**

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. \_ \_ \_ \_

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

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

Name of Reporting Carrier	<b>Winnebago Cooperative Telecom Association-LB</b>
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Signature of Authorized Officer		Date	<b>5/29/18</b>
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Printed name of Authorized Officer	<b>Mark Thoma</b>
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Title or position of Authorized Officer	<b>General Manager</b>
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Telephone number of Authorized Officer.	<b>(641) 592-6105 ext. _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>351338</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier                      **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**

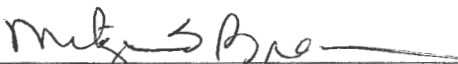
Filing Due Date for this form  
(mm/dd/yyyy)

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

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

Name of Reporting Carrier		<b>Yadkin Valley Telephone Membership Corporation</b>	
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.		( 3 3 6 ) 4 6 3 5 0 3 6 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>230511</b>	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	<b>Yadkin Valley Telephone Membership Corporation</b>
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Signature of Authorized Officer		Date	5/29/2018
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Printed name of Authorized Officer	<b>Mitzie S. Branon</b>
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Title or position of Authorized Officer	<b>Chief Executive Officer</b>
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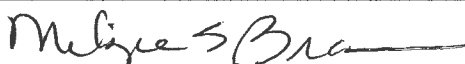
Telephone number or Authorized Officer.	<b>( 3 3 6 ) 4 6 3 5 0 3 6 ext. _ _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>230511</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2018</b>	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier		<b>Yadkin Valley Telephone Membership Corporation</b>	
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.		( 3 3 6 ) 4 6 3 5 0 3 6 ext. _ _ _ _	
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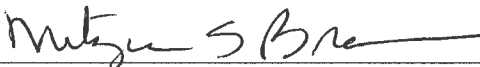
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

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.                      ( 3 3 6 ) 4 6 3 5 0 3 6 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**230511**

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

06/18/2018

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