

TO BE COMPLETED BY THE REPORTING CARRIER,

**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 **Indianhead Telephone Company**

Signature of Authorized Officer

*William Eckles*

Date **5/25/18**

Printed name of Authorized Officer **William Eckles**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(507) 526-3252** ext.

Study Area Code of Reporting Carrier

**330936**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**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				Indianhead Telephone Company	
Signature of authorized officer			Date		5/14/2018
Printed name of authorized officer			William Eckles		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(507) 526-3252		
Study Area Code of Reporting Carrier		330936	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**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 **Indianhead Telephone Company**

Signature of authorized officer  Date **5/25/18**

Printed name of authorized officer **William Eckles**

Title or position of authorized officer **President**

Telephone number of authorized officer: **(507) 526-3252**

Study Area Code of Reporting Carrier **330936** Filing Due Date for this form (mm/dd/yyyy) **6/18/2018**

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