

VOLUME 1

APPENDIX C Exhibit 1

CARRIER CERTIFICATIONS Carriers not Seeking Duplicative Recovery

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, 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: **OXFORD WEST TEL. CO.**

Signature of Authorized Officer or employee: Bruce Skellie <small>Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford west tel. co., Date:5/30/2018</small>	Date: 5/30/2018
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Printed name of Authorized Officer or employee: **Bruce Skellie**

Title or position of Authorized Officer or employee: **VP of Finance**

Telephone number of Authorized Officer or employee: **802-460-9133**

Study Area Code of Reporting Carrier	100002		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier					Lincolnvillev Networks, Inc.				
Signature of authorized officer				Date		05/16/2018			
Printed name of authorized officer					Shirley P. Manning				
Title or position of authorized officer					President				
Telephone number of authorized officer:					(207) 563-9911 ext.				
Study Area Code of Reporting Carrier			100003		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018		
<p>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.</p>									

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Name of Reporting Carrier: **OXFORD COUNTY TEL. & TELE. CO.**

Signature of Authorized Officer or employee: **Bruce Skellie**
Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford county tel. & tele. co.,l= , Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Bruce Skellie**

Title or position of Authorized Officer or employee: **VP of Finance**

Telephone number of Authorized Officer or employee: **802-460-9133**

Study Area Code of Reporting Carrier

100019

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.

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Name of Reporting Carrier				Union River Telephone Company			
Signature of authorized officer			<i>William S. Silsby, Jr.</i>		Date		05/25/2018
Printed name of authorized officer			William S. Silsby, Jr.				
Title or position of authorized officer			President/General Manager				
Telephone number of authorized officer:			(207) 584-9911 ext.				
Study Area Code of Reporting Carrier		100027	Filing Due Date for this form (mm/dd/yyyy)		6/18/2018		
<p>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.</p>							

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Name of Reporting Carrier: **UNITEL, INC.**

Signature of Authorized Officer or employee: Laurie Osgood	Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@unitel.me,O=unitel, inc.,I=Unity ME 04988-0165, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Laurie Osgood**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **207-948-9952**

Study Area Code of Reporting Carrier	100029		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Name of Reporting Carrier: **MAGNA5 RTC LLC dba RICHMOND TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Joseph O'Hara**
Digitally signed by Joseph O'Hara DN:cn=Joseph O'Hara,email=johara@magna5global.com,O=magna5 rtc llc dba richmond telephone company,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Joseph O'Hara**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **214-624-9969**

Study Area Code of Reporting Carrier

110737

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.

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Name of Reporting Carrier				Bretton Woods Telephone Company, Inc.	
Signature of authorized officer		<i>Karen M. Wante</i>		Date	05/18/2018
Printed name of authorized officer		Karen M. Wante			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(603) 278-9911			
Study Area Code of Reporting Carrier	120038	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		
<p>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.</p>					

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, 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: **GRANITE STATE TEL., INC.**

Signature of Authorized Officer or employee: Susan King	Digitally signed by Susan King DN:cn=Susan King,email=srand@gstnetworks.com,O=granite state tel., inc.,l=Weare NH 03281, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Susan King**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-529-9941**

Study Area Code of Reporting Carrier	120039		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier: **DIXVILLE TEL. CO.**

Signature of Authorized Officer or employee: Ann Walsh	Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel. co., Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Ann Walsh**

Title or position of Authorized Officer or employee: **Assistant Secretary**

Telephone number of Authorized Officer or employee: **781-402-1731**

Study Area Code of Reporting Carrier	120042		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Name of Reporting Carrier: **DUNBARTON TEL. CO.**

Signature of Authorized Officer or employee: David Montgomery	Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel. co., Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **David Montgomery**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-774-9911**

Study Area Code of Reporting Carrier	120043		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 Not Seeking Duplicative Recovery

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Name of Reporting Carrier: **FRANKLIN TEL. CO.-VT**

Signature of Authorized Officer or employee: **Kimberly Gates Maynard**
Digitally signed by Kimberly Gates Maynard
 DN:cn=Kimberly Gates Maynard,email=ftc@franklinvt.net,O=franklin tel. co.
 -vt,l=Franklin VT 05457, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Kimberly Gates Maynard**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **802-285-9911**

Study Area Code of Reporting Carrier

140053

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.

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Name of Reporting Carrier				TOPSHAM TELEPHONE COMPANY, INC.			
Signature of authorized officer			Mark DePerrion		Date		05/16/2018
Printed name of authorized officer				MARK DEPERRION			
Title or position of authorized officer				CONTROLLER			
Telephone number of authorized officer: (315) 324 5911 ext.							
Study Area Code of Reporting Carrier		148068		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018	

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Name of Reporting Carrier: **WAITSFIELD/FAYSTON TEL. CO.**

Signature of Authorized Officer or employee: **Roger Nishi**
Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=mishi@wcvt.com,O=waitsfield/fayston tel. co.,l=Waitsfield VT 05673, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Roger Nishi**

Title or position of Authorized Officer or employee: **Vice President - Industry Relations**

Telephone number of Authorized Officer or employee: **802-496-8336**

Study Area Code of Reporting Carrier

140069

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

6/18/2018

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Name of Reporting Carrier: **VERMONT TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Fran Stocker**
Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont telephone company, inc., Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Fran Stocker**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **802-885-7745**

Study Area Code of Reporting Carrier	147332		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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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: **ARMSTRONG TEL. CO.-NY**

Signature of Authorized Officer or employee: **Mark Rankin**
Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Mark Rankin**

Title or position of Authorized Officer or employee: **Vice President Finance**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

150071

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

6/18/2018

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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: **CASSADAGA TEL. CORP.**

Signature of Authorized Officer or employee: **Mark Maytum**
Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=cassadaga tel. corp.,l=Fredonia NY 14063-0209, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Mark Maytum**

Title or position of Authorized Officer or employee: **President, COO**

Telephone number of Authorized Officer or employee: **716-673-3016**

Study Area Code of Reporting Carrier

150076

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.

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Name of Reporting Carrier: **CHAMPLAIN TEL. CO.**

Signature of Authorized Officer or employee: **Mark Webster**
Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel. co.,c=Champlain NY 12919, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Mark Webster**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **518-298-2480**

Study Area Code of Reporting Carrier

150077

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 Not Seeking Duplicative Recovery

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Name of Reporting Carrier					CITIZENS TELEPHONE COMPANY OF HAMMOND, NY					
Signature of authorized officer				Mark De Perion			Date		05/16/2018	
Printed name of authorized officer					MARK DE PERION					
Title or position of authorized officer					CONTROLLER					
Telephone number of authorized officer: (315)345911 ext.										
Study Area Code of Reporting Carrier			150081		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018			

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Name of Reporting Carrier: **CROWN POINT TEL. CORP.**

Signature of Authorized Officer or employee: Shana Macey	Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel. corp.,l=Crown Point NY 12928, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Shana Macey**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **518-597-3300**

Study Area Code of Reporting Carrier	150085		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Name of Reporting Carrier				Crown Point Telephone Corporation	
Signature of authorized officer		<i>Shana Macey</i>		Date	7/11/18
Printed name of authorized officer		Shana Macey			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(518) 597-9302			
Study Area Code of Reporting Carrier	150085	Filing Due Date for this form (mm/dd/yyyy)	July 2018		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Name of Reporting Carrier: **DELHI TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Jason Miller**
Digitally signed by Jason Miller DN:cn=Jason Miller,email=jason@delhitel.com,O=delhi telephone company,l=Delhi NY 13753, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Jason Miller**

Title or position of Authorized Officer or employee: **Vice President/Treasurer**

Telephone number of Authorized Officer or employee: **607-746-1524**

Study Area Code of Reporting Carrier

150088

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.

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Name of Reporting Carrier: **DUNKIRK AND FREDONIA TEL. CO.**

Signature of Authorized Officer or employee: Mark Maytum	Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=dunkirk and fredonia tel. co.,l=Fredonia NY 14063-0209, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Mark Maytum**

Title or position of Authorized Officer or employee: **President, COO**

Telephone number of Authorized Officer or employee: **716-673-3016**

Study Area Code of Reporting Carrier	150091		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Name of Reporting Carrier DUNKIRK AND FREDONIA TELEPHONE COMPANY				
Signature of authorized officer <i>Mark R. Maytum</i>		Date	JULY 5, 2018	
Printed name of authorized officer MARK R MAYTUM				
Title or position of authorized officer PRESIDENT COO				
Telephone number of authorized officer: (716) 673-3016				
Study Area Code of Reporting Carrier	150091		Filing Due Date for this form (mm/dd/yyyy)	July 5, 2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

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I certify that I am an officer of the reporting carrier 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: **EMPIRE TELEPHONE CORP-NY**

Signature of Authorized Officer or employee: **Tom Prestigiacomo**
Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Tom Prestigiacomo**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **607-522-4237**

Study Area Code of Reporting Carrier

150093

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, 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: **THE FISHERS ISLAND TEL. CO.**

Signature of Authorized Officer or employee: **J. Finan**
Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=the fishers island tel. co.,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **J. Finan**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **631-788-7251**

Study Area Code of Reporting Carrier	150095		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GERMANTOWN TEL. CO., INC.**

Signature of Authorized Officer or employee: Bruce Bohnsack	Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel. co., inc.,l=Germantown NY 12526, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Bruce Bohnsack**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **518-537-4835**

Study Area Code of Reporting Carrier	150097		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HANCOCK TEL. CO.-NY**

Signature of Authorized Officer or employee: **Robert Wrighter, Jr**
Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel. co.-ny,l=Hancock NY 13783, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Robert Wrighter, Jr**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **607-637-9912**

Study Area Code of Reporting Carrier

150099

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, 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: **MARGARETVILLE TEL. CO.,INC.**

Signature of Authorized Officer or employee: **Glen Faulkner**
Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtogf@catskill.net,O=margaretville tel. co.,inc.,I=Margaretville NY 12455, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Glen Faulkner**

Title or position of Authorized Officer or employee: **Asst Secretary / Treasurer**

Telephone number of Authorized Officer or employee: **845-586-3311**

Study Area Code of Reporting Carrier	150104		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MIDDLEBURGH TELEPHONE CO.**

Signature of Authorized Officer or employee: **James Becker**
Digitally signed by James Becker DN:cn=James Becker, email=jim@midtel.net, O=middleburgh telephone co., c=Middleburgh NY 12122-0191, Date:5/19/2018

Date: **5/19/2018**

Printed name of Authorized Officer or employee: **James Becker**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **518-827-5211**

Study Area Code of Reporting Carrier

150105

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, 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: **NEWPORT TEL. CO.,INC.**

Signature of Authorized Officer or employee: **Joseph Tomaino**
Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel. co.,inc.,l=Newport NY 13416, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Joseph Tomaino**

Title or position of Authorized Officer or employee: **Vice President of Operations**

Telephone number of Authorized Officer or employee: **315-845-8112**

Study Area Code of Reporting Carrier	150107		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NICHOLVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Jeffrey McGrath**
Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel. co.,inc.,l=Nicholville NY 12965, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Jeffrey McGrath**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **315-328-5333**

Study Area Code of Reporting Carrier

150108

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, 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: **ONEIDA COUNTY RURAL TEL. CO.**

Signature of Authorized Officer or employee: **Heather Kirkland**
Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural tel. co.,l=Holland Patent NY 13354, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Heather Kirkland**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **315-865-3239**

Study Area Code of Reporting Carrier

150111

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, 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: **ONTARIO TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: James Cheney	Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@otttcl.com,O=ontario telephone company, inc., Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **James Cheney**

Title or position of Authorized Officer or employee: **CFO/COO**

Telephone number of Authorized Officer or employee: **315-548-8017**

Study Area Code of Reporting Carrier	150112		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PATTERSONVILLE TEL. CO.-NY**

Signature of Authorized Officer or employee: **Tammy Krisher**
Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel. co.-ny,l=Rotterdam Junc NY 12150, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Tammy Krisher**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **518-887-2121**

Study Area Code of Reporting Carrier

150116

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, 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: **STATE TEL. CO.**

Signature of Authorized Officer or employee: **Mark Evans**
Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel. co.,l=Coxsackie NY 12051, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Mark Evans**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **518-731-6128**

Study Area Code of Reporting Carrier

150125

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, 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: **TRUMANSBURG TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: James Cheney	Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@otttel.com,O=trumansburg telephone company, inc., Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **James Cheney**

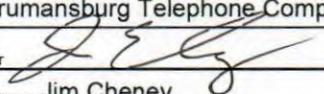
Title or position of Authorized Officer or employee: **CFO/COO**

Telephone number of Authorized Officer or employee: **315-548-8017**

Study Area Code of Reporting Carrier	150131		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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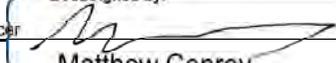
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier: Trumansburg Telephone Company			
Signature of authorized officer: 		Date:	7/5/18
Printed name of authorized officer: Jim Cheney			
Title or position of authorized officer: CFO/COO			
Telephone number of authorized officer: (315) 548-8017 ext.			
Study Area Code of Reporting Carrier:	150131	Filing Due Date for this form (mm/dd/yyyy)	July 2018
<p>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.</p>			

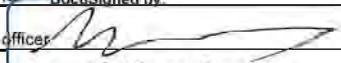
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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 ALTEVA OF WARWICK LLC			
Signature of authorized officer 		Date 5-29-18	
Printed name of authorized officer Matthew Conroy			
Title or position of authorized officer CFO			
Telephone number of authorized officer: (205) 978-4430			
Study Area Code of Reporting Carrier	150135	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: ALTEVA OF WARWICK LLC			
Signature of authorized officer: 		Date: 5-29-18	
Printed name of authorized officer: Matthew Conroy			
Title or position of authorized officer: CFO			
Telephone number of authorized officer: (205) 978-4430			
Study Area Code of Reporting Carrier	160135	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				Citizens Telephone Company of Kecksburg	
Signature of authorized officer			Date		5/22/2018
Printed name of authorized officer					
Dennis K. Cutrell					
Title or position of authorized officer					
President					
Telephone number of authorized officer: (724) 424-4444 ext.					
Study Area Code of Reporting Carrier		170156	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
<p>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.</p>					

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, 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: **HICKORY TEL. CO.**

Signature of Authorized Officer or employee: Terri Jeffers	Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tlj@hky.com,O=hickory tel. co.,l= , Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Terri Jeffers**

Title or position of Authorized Officer or employee: **Regulatory Director**

Telephone number of Authorized Officer or employee: **724-356-2211**

Study Area Code of Reporting Carrier	170171		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LACKAWAXEN TELECOMMUNICATIONS SERVICES, INC.**

Signature of Authorized Officer or employee: **James Kail**
Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l=Stahlstown PA 15687-0168, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **James Kail**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **724-593-2411**

Study Area Code of Reporting Carrier

170177

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, 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: **ARMSTRONG TEL. CO.-PA**

Signature of Authorized Officer or employee: **Mark Rankin**

Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.-pa, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Mark Rankin**

Title or position of Authorized Officer or employee: **Vice President Finance**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

170189

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, 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: **THE NORTH-EASTERN PENNSYLVANIA TELEPHONE CO.**

Signature of Authorized Officer or employee: **Steven Tourje**
Digitally signed by Steven Tourje DN:cn=Steven Tourje,email=stourje@nep.net,O=the north-eastern pennsylvania telephone co.,l=Forest City PA 18421, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Steven Tourje**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **570-785-2216**

Study Area Code of Reporting Carrier

170191

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, 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: **NORTH PENN TEL. CO.**

Signature of Authorized Officer or employee: Tom Prestigiacom	Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,email=tpresti@etcnpt.com,O=north penn tel. co.,l=Prattsburgh NY 14873, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Tom Prestigiacom**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **607-522-4237**

Study Area Code of Reporting Carrier	170192		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ARMSTRONG TEL. CO. NORTH**

Signature of Authorized Officer or employee: **Mark Rankin**
Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co. north,l= , Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Mark Rankin**

Title or position of Authorized Officer or employee: **Vice President Finance**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

170195

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 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: **PALMERTON TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Timothy Hausman**
Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton telephone company, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Timothy Hausman**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **610-826-9433**

Study Area Code of Reporting Carrier

170196

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, 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: **PENNSYLVANIA TEL. CO.**

Signature of Authorized Officer or employee: **Kimberly Hannan**
Digitally signed by Kimberly Hannan DN:cn=Kimberly Hannan,email=patelco@ovalinternet.net,O=pennsylvania tel. co.,l= , Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Kimberly Hannan**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **570-745-7101**

Study Area Code of Reporting Carrier	170197		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: PYMATUNING IND. TEL. CO.

Signature of Authorized Officer or employee:	Amanda Molina Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=pymatuning ind. tel. co., Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Amanda Molina**

Title or position of Authorized Officer or employee: **Vice President of External Relations**

Telephone number of Authorized Officer or employee: **904-259-0029**

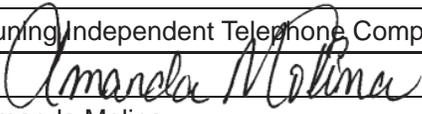
Study Area Code of Reporting Carrier	170200		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Pymatuning Independent Telephone Company						
Signature of authorized officer								Date		07-10-2018	
Printed name of authorized officer					Amanda Molina						
Title or position of authorized officer					Vice President of External Relations						
Telephone number of authorized officer:					(904) 259-0029 _{ext.}						
Study Area Code of Reporting Carrier			170200		Filing Due Date for this form (mm/dd/yyyy)		July 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, 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: **SOUTH CANAAN TEL. CO.**

Signature of Authorized Officer or employee: **James Kail**
Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhrc.net,O=south canaan tel. co.,l=Stahlstown PA 15687-0168, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **James Kail**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **724-593-2411**

Study Area Code of Reporting Carrier

170205

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, 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: **VENUS TEL. CORP.**

Signature of Authorized Officer or employee: Janice Kline	Digitally signed by Janice Kline DN:cn=Janice Kline,email=jk@venustel.com,O=venus tel. corp.,l=Venus PA 16364, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Janice Kline**

Title or position of Authorized Officer or employee: **General Manager and Asst. Sec/Treas.**

Telephone number of Authorized Officer or employee: **814-354-6400**

Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WEST SIDE TEL. CO.-PA**

Signature of Authorized Officer or employee: **John Ludenia**
Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **John Ludenia**

Title or position of Authorized Officer or employee: **V.P. Operations, General manager**

Telephone number of Authorized Officer or employee: **304-983-8642**

Study Area Code of Reporting Carrier

170277

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, 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: **ARMSTRONG TEL. CO. OF MD**

Signature of Authorized Officer or employee: Mark Rankin	Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co. of md, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Mark Rankin**

Title or position of Authorized Officer or employee: **Vice President Finance**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier	180216		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier Buggs Island Telephone Cooperative					
Signature of authorized officer <i>Michele Taylor</i>			Date 5-22-18		
Printed name of authorized officer Michele Taylor					
Title or position of authorized officer General Manager					
Telephone number of authorized officer: (434) 636-2274					
Study Area Code of Reporting Carrier 190219		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		
<p style="text-align: center;">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.</p>					

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, 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: **BURKE'S GARDEN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Missy Lynch**
Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgto.net,O=burke's garden tel. co., inc.,l= , Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Missy Lynch**

Title or position of Authorized Officer or employee: **Office Manager/Secretary**

Telephone number of Authorized Officer or employee: **276-472-2345**

Study Area Code of Reporting Carrier	190220		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CITIZENS TEL. COOP.-VA**

Signature of Authorized Officer or employee: **Greg Sapp**
Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel. coop.-va,i=Floyd VA 24091-0137, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Greg Sapp**

Title or position of Authorized Officer or employee: **CEO & General Manager**

Telephone number of Authorized Officer or employee: **540-745-2111**

Study Area Code of Reporting Carrier	190225		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MGW TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Sheri Smith**
Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw telephone company, inc., Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Sheri Smith**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **540-925-5235**

Study Area Code of Reporting Carrier

190238

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, 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: **NEW HOPE TELEPHONE COOPERATIVE**

Signature of Authorized Officer or employee: Laurie Hensley	Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope telephone cooperative, =New Hope VA 24469, Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Laurie Hensley**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **540-363-6277**

Study Area Code of Reporting Carrier	190239		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Pembroke Telephone Cooperative	
Signature of authorized officer				Date	05/21/2018
Printed name of authorized officer		Leon A Law			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(540) 626-7111			
Study Area Code of Reporting Carrier	190243	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, 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: **SCOTT COUNTY TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Daniel Odom**
Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county tel. coop. inc.,l=Gate City VA 24251, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Daniel Odom**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **276-452-7224**

Study Area Code of Reporting Carrier	190248		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SHENANDOAH TEL. CO.**

Signature of Authorized Officer or employee: Jay Turtora	Digitally signed by Jay Turtora DN:cn=Jay Turtora,email=Jay.turtora@emp.shentel.com,O=shenandoah tel. co., Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Jay Turtora**

Title or position of Authorized Officer or employee: **V.P. Accounting & Planning**

Telephone number of Authorized Officer or employee: **540-984-5295**

Study Area Code of Reporting Carrier	190250		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SHENANDOAH TELEPHONE COMPANY - NR**

Signature of Authorized Officer or employee: Jay Turtora	Digitally signed by Jay Turtora DN:cn=Jay Turtora,email=Jay.turtora@emp.shentel.com,O=shenandoah telephone company - nr, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Jay Turtora**

Title or position of Authorized Officer or employee: **V.P. Accounting & Planning**

Telephone number of Authorized Officer or employee: **540-984-5295**

Study Area Code of Reporting Carrier	197251		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ARMSTRONG TEL. CO.-WV**

Signature of Authorized Officer or employee: Mark Rankin	Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.-wv,l= , Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Mark Rankin**

Title or position of Authorized Officer or employee: **Vice President Finance**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SPRUCE KNOB SENECA ROCKS TEL., INC.**

Signature of Authorized Officer or employee: **Vickie Colaw**
Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca rocks tel., inc.,l=Riverton WV 26814-0100, Date:5/27/2018

Date: **5/27/2018**

Printed name of Authorized Officer or employee: **Vickie Colaw**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **304-567-2121**

Study Area Code of Reporting Carrier	200257		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HARDY TELECOMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Scott Sherman**
Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=sshernan@hardynet.com,O=hardy telecommunications, inc., Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Scott Sherman**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **304-897-9911**

Study Area Code of Reporting Carrier	200259		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ARMSTRONG TEL. CO.**

Signature of Authorized Officer or employee: **Mark Rankin**
Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.,l=, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Mark Rankin**

Title or position of Authorized Officer or employee: **Vice President Finance**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

200267

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, 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: **WEST SIDE TEL. CO.-WV**

Signature of Authorized Officer or employee: **John Ludenia**
Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-wv,l= , Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **John Ludenia**

Title or position of Authorized Officer or employee: **V.P. Operations, General manager**

Telephone number of Authorized Officer or employee: **304-983-8642**

Study Area Code of Reporting Carrier

200277

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, 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: **ITS TELECOMMUNICATIONS SYSTEMS, INC.**

Signature of Authorized Officer or employee: **Bruce Russell**
Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=brucer@itstelecom.net,O=its telecommunications systems, inc.,l=Indiantown FL 34956, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Bruce Russell**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **772-597-2106**

Study Area Code of Reporting Carrier

210331

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, 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: **NORTHEAST FLORIDA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Amanda Molina**
Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=northeast florida tel. co., inc.,l= , Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Amanda Molina**

Title or position of Authorized Officer or employee: **Vice President of External Relations**

Telephone number of Authorized Officer or employee: **904-259-0029**

Study Area Code of Reporting Carrier	210335		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ALMA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Kevin Brooks**
Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel. co., inc.,l=Alma GA 31510, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Kevin Brooks**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **912-632-8603**

Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BRANTLEY TEL. CO., INC.**

Signature of Authorized Officer or employee: Donovan Strickland	Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel. co.,inc.,l=Nahunta GA 31553, Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Donovan Strickland**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **912-462-5111**

Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BULLOCH CNTY. RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **John Scott**
Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc., Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **John Scott**

Title or position of Authorized Officer or employee: **General Manager/COO**

Telephone number of Authorized Officer or employee: **912-865-1100**

Study Area Code of Reporting Carrier

220348

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, 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: **CITIZENS TEL. CO., INC.-GA**

Signature of Authorized Officer or employee: **Chad Ledger**
Digitally signed by Chad Ledger DN:cn=Chad Ledger,email=sc1@citizensdsl.com,O=citizens tel. co., inc.-ga,l=Leslie GA 31764, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Chad Ledger**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **229-874-4145**

Study Area Code of Reporting Carrier

220355

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				Darien Telephone Company	
Signature of authorized officer		<i>Mary Lou Forsyth</i>		Date	5-16-18
Printed name of authorized officer		Mary Lou Forsyth			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(912) 437-6611			
Study Area Code of Reporting Carrier	220358	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		
<p>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.</p>					

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, 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: **GLENWOOD TEL. CO.**

Signature of Authorized Officer or employee: Janice O'Brien	Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@gtconline.com,O=glenwood tel. co.,l=Glenwood GA 30428-0235, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Janice O'Brien**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **912-523-5111**

Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HART TEL. CO.**

Signature of Authorized Officer or employee: **Randy Daniel**
Digitally signed by Randy Daniel DN:cn=Randy Daniel,email=randy@hartcom.net,O=hart tel. co.,l=Hartwell GA 30643, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Randy Daniel**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **706-376-4701**

Study Area Code of Reporting Carrier	220368		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PEMBROKE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Mary Anna Hite**
Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel. co., inc.,l=Pembroke GA 31321, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Mary Anna Hite**

Title or position of Authorized Officer or employee: **Secretary-Treasurer/General Manager**

Telephone number of Authorized Officer or employee: **912-653-4389**

Study Area Code of Reporting Carrier	220376		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PLANTERS RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **John Lacienski**
Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural tel. coop., inc.,l=Newington GA 30446, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **John Lacienski**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **912-857-4411**

Study Area Code of Reporting Carrier	220378		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PLANT TEL. CO.**

Signature of Authorized Officer or employee: Gordon Duff	Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@plantel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Gordon Duff**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **229-528-4777**

Study Area Code of Reporting Carrier	220379		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PROGRESSIVE RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: Ron Chambers	Digitally signed by Ron Chambers DN:cn=Ron Chambers,email=ron.chambers@prtc.co,O=progressive rural tel. coop., inc., =Rentz GA 31075, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Ron Chambers**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **478-984-4201**

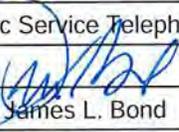
Study Area Code of Reporting Carrier	220380		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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: Public Service Telephone Company			
Signature of authorized officer: 	Date:	5/29/2018	
Printed name of authorized officer: James L. Bond			
Title or position of authorized officer: President			
Telephone number of authorized officer: (478) 847-4111, ext. 6520			
Study Area Code of Reporting Carrier:	220381	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, 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: **TRENTON TEL. CO.**

Signature of Authorized Officer or employee: **Steven Tatum**
Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel. co.,l= , Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Steven Tatum**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **706-657-4367**

Study Area Code of Reporting Carrier

220389

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, 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: **WAVERLY HALL TELEPHONE, LLC**

Signature of Authorized Officer or employee: **Deborah Rand**
Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, llc, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Deborah Rand**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-472-9786**

Study Area Code of Reporting Carrier	220392		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BARNARDSVILLE TEL. CO.**

Signature of Authorized Officer or employee: Eric Cramer	Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmnc.net,O=barnardsville tel. co.,l= , Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier	230469		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Ellerbe Telephone Company					
Signature of authorized officer				<i>Jeffrey W. Long</i>			Date		5/30/2018	
Printed name of authorized officer					Jeffrey W Long					
Title or position of authorized officer					Vice President					
Telephone number of authorized officer:					(910) 652-2221					
Study Area Code of Reporting Carrier			230478		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

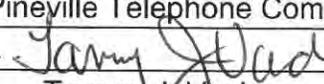
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				North State Telephone Company dba North State Communications			
Signature of authorized officer		<i>Lynn B. Welborn</i>		Date		05/25/2018	
Printed name of authorized officer				Lynn B. Welborn			
Title or position of authorized officer				Executive Vice President and Chief Administrative Officer			
Telephone number of authorized officer:				(336) 821-8766			
Study Area Code of Reporting Carrier		230491		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018	
<p>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.</p>							

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					Pineville Telephone Company						
Signature of authorized officer								Date		5-29-18	
Printed name of authorized officer				Tammy J. Vachon							
Title or position of authorized officer				Telecommunications Director							
Telephone number of authorized officer:				(704) 889-2001							
Study Area Code of Reporting Carrier			230494		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018				
<p>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.</p>											

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, 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: **RANDOLPH TEL. MEMB. CORP. DBA RANDOLPH COMM.**

Signature of Authorized Officer or employee: **Kimberly Garner**
Digitally signed by Kimberly Garner DN:cn=Kimberly Garner,email=kgarner@rtmc.coop,O=randolph tel. memb. corp. dba randolph comm.,l= , Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Kimberly Garner**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **336-879-7911**

Study Area Code of Reporting Carrier	230496		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SURRY TELEPHONE MEMBERSHIP CORPORATION**

Signature of Authorized Officer or employee: **Curtis Taylor**
Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=taylorc@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Curtis Taylor**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **336-374-4535**

Study Area Code of Reporting Carrier	230497		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SALUDA MOUNTAIN TEL. CO.**

Signature of Authorized Officer or employee: **Eric Cramer**
Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestrmc.net,O=saluda mountain tel. co.,l= , Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

230498

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, 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: **SERVICE TEL. CO.**

Signature of Authorized Officer or employee: **Eric Cramer**
Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=service tel. co., Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier	230500		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SURRY TELEPHONE MEMBERSHIP CORPORATION**

Signature of Authorized Officer or employee: **Curtis Taylor**
Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=taylorc@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Curtis Taylor**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **336-374-4535**

Study Area Code of Reporting Carrier	230503		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					TriCounty Telephone Membership Corp				
Signature of authorized officer				<i>Gregory S. Coltrain</i>		Date		05/24/2018	
Printed name of authorized officer				Gregory S Coltrain					
Title or position of authorized officer				CEO					
Telephone number of authorized officer:				(252) 964-8000					
Study Area Code of Reporting Carrier			230505		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, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **WILKES TEL. MEMB. CORP.**

Signature of Authorized Officer or employee: **Eric Cramer**

Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes tel. memb. corp., Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

230510

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, 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: **PALMETTO RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Dewaine Wilson**
Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural tel. coop.,inc., Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Dewaine Wilson**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **843 538-9382**

Study Area Code of Reporting Carrier	240536		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PBT TELECOM, INC.**

Signature of Authorized Officer or employee: L. Spearman <small>Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttel.net,O=pbt telecom, inc.,l= , Date:5/16/2018</small>	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **L. Spearman**

Title or position of Authorized Officer or employee: **Director of Business Development**

Telephone number of Authorized Officer or employee: **803-894-1104**

Study Area Code of Reporting Carrier	240539		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SANDHILL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Lee Chambers**
Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sandhill tel. coop., inc.,|=Jefferson SC 29718, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Lee Chambers**

Title or position of Authorized Officer or employee: **CEO/Manager**

Telephone number of Authorized Officer or employee: **843-658-6379**

Study Area Code of Reporting Carrier

240546

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, 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: **WEST CAROLINA RURAL TEL. COOP.**

Signature of Authorized Officer or employee: **Lance Tade**
Digitally signed by Lance Tade DN:cn=Lance Tade,email=Lance.tade@wctel.com,O=west carolina rural tel. coop.,j= , Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Lance Tade**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **864-446-9256**

Study Area Code of Reporting Carrier

240550

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.

5-5

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 <i>Castleberry Telephone Co, Inc.</i>			
Signature of authorized officer <i>Homer Holland</i>	Date <i>5-22-18</i>		
Printed name of authorized officer <i>Homer Holland</i>			
Title or position of authorized officer <i>Sec/Treas</i>			
Telephone number of authorized officer: <i>(251) 966-2115</i> ext.			
Study Area Code of Reporting Carrier <i>250285</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/18/2018</i>	
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, 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: **NATIONAL TELEPHONE OF ALABAMA, INC.**

Signature of Authorized Officer or employee: James Garner <small>Digitally signed by James Garner DN:cn=James Garner,email=JGarner@tec.com,O=national telephone of alabama, inc.,l=Jackson MS 39201, Date:5/23/2018</small>	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **James Garner**

Title or position of Authorized Officer or employee: **Vice President of Operations**

Telephone number of Authorized Officer or employee: **601-354-9070**

Study Area Code of Reporting Carrier	250286		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Farmers Telecommunications Cooperative, Inc				
Signature of authorized officer						Date		05/25/2018	
Printed name of authorized officer					J. Frederick Johnson				
Title or position of authorized officer					CEO				
Telephone number of authorized officer:					(256) 638-2144 ext.				
Study Area Code of Reporting Carrier			250290		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018		
<p>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.</p>									

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, 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: **HAYNEVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Evelyn Causey**
Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel. co., inc.,l=Hayneville AL 36040, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Evelyn Causey**

Title or position of Authorized Officer or employee: **President/COO**

Telephone number of Authorized Officer or employee: **334-548-2101**

Study Area Code of Reporting Carrier	250299		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MILLRY TEL. CO., INC.**

Signature of Authorized Officer or employee: Paul Brown, Jr.	Digitally signed by Paul Brown, Jr. DN:cn=Paul Brown, Jr.,email=gene@millry.com,O=millry tel. co., inc.,I=Millry AL 36558, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Paul Brown, Jr.**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **251-846-2911**

Study Area Code of Reporting Carrier	250304		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MON-CRE TEL. COOP. INC.**

Signature of Authorized Officer or employee: Teresa Rich	Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel. coop. inc.,l=Ramer AL 36069, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Teresa Rich**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **334-562-3242**

Study Area Code of Reporting Carrier	250305		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MOUNDVILLE TEL. CO.**

Signature of Authorized Officer or employee: **R. Taylor**
Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel. co.,l=Moundville AL 35474, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **R. Taylor**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **205-371-9011**

Study Area Code of Reporting Carrier

250307

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				New Hope Telephone Cooperative Inc.	
Signature of authorized officer		James D. Cook		Date	5/22/18
Printed name of authorized officer					
James D. Cook					
Title or position of authorized officer					
General Manager					
Telephone number of authorized officer: 256 723-4211					
Study Area Code of Reporting Carrier		250308		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, 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: **PINE BELT TEL. CO.**

Signature of Authorized Officer or employee: **John Nettles**
Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel. co.,l=Arlington AL 36722, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **John Nettles**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **334-385-2106**

Study Area Code of Reporting Carrier

250315

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, 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: **RAGLAND TEL. CO.**

Signature of Authorized Officer or employee: Matthew Jackson	Digitally signed by Matthew Jackson DN:cn=Matthew Jackson,email=mattjackson@ragland.net,O=ragland tel. co.,l=Ragland AL 35131, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Matthew Jackson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **205-472-2141**

Study Area Code of Reporting Carrier	250316		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ROANOKE TEL. CO., INC.**

Signature of Authorized Officer or employee: James Garner	Digitally signed by James Garner DN:cn=James Garner,email=JGarner@tec.com,O=roanoke tel. co., inc.,l=Jackson MS 39201, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **James Garner**

Title or position of Authorized Officer or employee: **Vice President of Operations**

Telephone number of Authorized Officer or employee: **601-354-9070**

Study Area Code of Reporting Carrier	250317		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Union Springs Telephone Company Inc	
Signature of authorized officer				Date	5/22/2018
Printed name of authorized officer		William H Freeman			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(334) 738-4400			
Study Area Code of Reporting Carrier	250322	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, 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: **BALLARD RURAL TEL. COOP. CORP., INC.**

Signature of Authorized Officer or employee: **Randy Grogan**
Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural tel. coop. corp.,inc.,l=La Center KY 42056, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Randy Grogan**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **270-665-5186**

Study Area Code of Reporting Carrier	260396		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				BRANDENBURG TELEPHONE COMPANY, INC.	
Signature of authorized officer		Date		05/18/2018	
Printed name of authorized officer		ALLISON WILLOUGHBY			
Title or position of authorized officer		GENERAL MANAGER			
Telephone number of authorized officer:		(270) 422-2121 ext.			
Study Area Code of Reporting Carrier		260398	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, 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: **DUO COUNTY TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Daryl Hammond**
Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel. coop., inc.,l=Jamestown KY 42629, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Daryl Hammond**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **270-343-3131**

Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Duo COunty Telephone						
Signature of authorized officer			Daryl L. Hammond		<small>Digitally signed by Daryl L. Hammond DN: cn=Daryl L. Hammond, o=Duo County Telecom, ou, serial=Darlhammond@duocount.com, c=US Date: 2018.07.26 16:15:47 -0700</small>			Date		7/26/2018	
Printed name of authorized officer					Daryl L. Hammond						
Title or position of authorized officer					VP/CFO						
Telephone number of authorized officer:					(270) 343-1111 ext.						
Study Area Code of Reporting Carrier			260401		Filing Due Date for this form (mm/dd/yyyy)		August 2018				
<p>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.</p>											

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, 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: **FOOTHILLS RURAL TEL. COOP. CORP., INC.**

Signature of Authorized Officer or employee: **Ruth Conley**
Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural tel. coop. corp., inc.,l=Staffordsville KY 41256, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Ruth Conley**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **606-297-9131**

Study Area Code of Reporting Carrier

260406

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, 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: **LOGAN TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Gregory Hale**
Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop.,inc.,l=Auburn KY 42206, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Gregory Hale**

Title or position of Authorized Officer or employee: **General Manager/Executive V.P.**

Telephone number of Authorized Officer or employee: **270-542-4121**

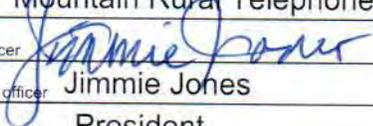
Study Area Code of Reporting Carrier	260413		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Mountain Rural Telephone Coop. Corp. Inc				
Signature of authorized officer						Date		5/25/2018	
Printed name of authorized officer					Jimmie Jones				
Title or position of authorized officer					President				
Telephone number of authorized officer:					(606) 743-3121				
Study Area Code of Reporting Carrier		260414		Filing Due Date for this form (mm/dd/yyyy)		5/15/2018			
<p>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.</p>									

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, 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: **PEOPLES RURAL TEL. COOP. CORP.**

Signature of Authorized Officer or employee: **Ellisa McWhorter**
Digitally signed by Ellisa McWhorter DN:cn=Ellisa McWhorter,email=lisa.mcwhorter@prtc.org,O=peoples rural tel. coop. corp.,l=McKee KY 40447, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Ellisa McWhorter**

Title or position of Authorized Officer or employee: **Accounting Supervisor**

Telephone number of Authorized Officer or employee: **606-287-5404**

Study Area Code of Reporting Carrier	260415		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **THACKER/GRIGSBY TEL. CO., INC.**

Signature of Authorized Officer or employee: **William Grigsby**
Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel. co., inc.,l=Hindman KY 41822, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **William Grigsby**

Title or position of Authorized Officer or employee: **President/General Manager**

Telephone number of Authorized Officer or employee: **606-785-9500**

Study Area Code of Reporting Carrier	260419		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WEST KY. RURAL TEL. COOP. CORP., INC.**

Signature of Authorized Officer or employee: **Karen Jackson-Furman**
Digitally signed by Karen Jackson-Furman DN:cn=Karen Jackson-Furman,email=kfurman.wk@wk.net,O=west ky. rural tel. coop. corp., inc., Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Karen Jackson-Furman**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **270-856-9988**

Study Area Code of Reporting Carrier

260421

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, 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: **CAMERON TEL. CO.-LA**

Signature of Authorized Officer or employee: **Bruce Petry**
Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel. co.-la,j=Sulphur LA 70664-0167, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Bruce Petry**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **337-583-2092**

Study Area Code of Reporting Carrier	270425		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CAMPTI-PLEASANT HILL TEL. CO.**

Signature of Authorized Officer or employee: **Tom Edens**
Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campiti-pleasant hill tel. co.,l=Natchitoches LA 71458, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Tom Edens**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **318-352-0014**

Study Area Code of Reporting Carrier	270426		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DELCAMBRE TEL. CO.**

Signature of Authorized Officer or employee: Marcy Landry	Digitally signed by Marcy Landry DN:cn=Marcy Landry,email=mlandry@delcambre.net,O=delcambre tel. co.,l= , Date:5/30/2018	Date: 5/30/2018
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Printed name of Authorized Officer or employee: **Marcy Landry**

Title or position of Authorized Officer or employee: **Assistant General Manager**

Telephone number of Authorized Officer or employee: **337-685-2311**

Study Area Code of Reporting Carrier	270428		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ELIZABETH TEL. CO., INC.**

Signature of Authorized Officer or employee: **Bruce Petry**
Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel. co.,inc.,l=Sulphur LA 70664-0167, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Bruce Petry**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **337-583-2092**

Study Area Code of Reporting Carrier	270430		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **KAPLAN TEL. CO.**

Signature of Authorized Officer or employee: Richard Constantin	Digitally signed by Richard Constantin DN:cn=Richard Constantin,email=rconstantin@kaptel.net,O=kaplan tel. co.,l=Kaplan LA 70548-0369, Date:5/30/2018	Date: 5/30/2018
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Printed name of Authorized Officer or employee: **Richard Constantin**

Title or position of Authorized Officer or employee: **Controller/Regulatory Manager**

Telephone number of Authorized Officer or employee: **337-643-4242**

Study Area Code of Reporting Carrier	270432		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NORTHEAST LOUISIANA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Mike George**
Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana tel. co., inc.,j=Collinston LA 71229, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Mike George**

Title or position of Authorized Officer or employee: **President / General Manager**

Telephone number of Authorized Officer or employee: **318-874-7011**

Study Area Code of Reporting Carrier

270435

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				Reserve Telephone Company, Inc.	
Signature of authorized officer		<i>Annette A. Faircloth</i>		Date	05/24/2018
Printed name of authorized officer		Annette A. Faircloth			
Title or position of authorized officer		Vice President of Finance			
Telephone number of authorized officer:		(985) 536-1271 ext.			
Study Area Code of Reporting Carrier	270438	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, 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: **STAR TEL. CO., INC.**

Signature of Authorized Officer or employee: Jeremy Smith	Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=star tel. co., inc.,l=Rockland ID 83271, Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Jeremy Smith**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BAY SPRINGS TEL. CO., INC.**

Signature of Authorized Officer or employee: James Garner <small>Digitally signed by James Garner DN:cn=James Garner,email=JGarner@tec.com,O=bay springs tel. co., inc.,l=Jackson MS 39201, Date:5/23/2018</small>	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **James Garner**

Title or position of Authorized Officer or employee: **Vice President of Operations**

Telephone number of Authorized Officer or employee: **601-354-9070**

Study Area Code of Reporting Carrier	280446		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DECATUR TEL. CO., INC.-MS**

Signature of Authorized Officer or employee: **Esther Smith, PhD**
Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel. co., inc.-ms,I=Decatur MS 39327, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Esther Smith, PhD**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **601-635-2251**

Study Area Code of Reporting Carrier

280451

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

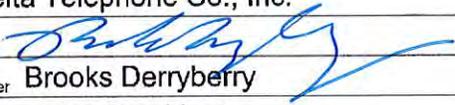
6/18/2018

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				Delta Telephone Co., Inc.	
Signature of authorized officer				Date	5/23/2018
Printed name of authorized officer		Brooks Derryberry			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(601) 355-1522			
Study Area Code of Reporting Carrier	280452	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, 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: **FRANKLIN TEL. CO., INC.-MS**

Signature of Authorized Officer or employee: Tom Griffin <small>Digitally signed by Tom Griffin DN:cn=Tom Griffin,email=tgriffin@franklintelephone.com,O=franklin tel. co., inc.-ms,l=Bude MS 39630, Date:5/17/2018</small>	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Tom Griffin**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **601-384-3390**

Study Area Code of Reporting Carrier	280454		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GEORGETOWN TELE. CO., INC.**

Signature of Authorized Officer or employee: **Joie Miller**
Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlco.com,O=georgetown tele. co., inc.,l=Georgetown MS 39078, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Joie Miller**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **601-858-2211**

Study Area Code of Reporting Carrier	280456		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LAKESIDE TEL. CO., INC.**

Signature of Authorized Officer or employee: Robert Sledge Jr.	Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co., inc.,l=Sunflower MS 38778, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Robert Sledge Jr.**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **662-569-3311**

Study Area Code of Reporting Carrier	280457		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NOXAPATER TEL. CO.**

Signature of Authorized Officer or employee: **Sandra Gray**
Digitally signed by Sandra Gray DN:cn=Sandra Gray,email=CTC764@noxapatertel.net,O=noxapater tel. co.,l=Bay Springs MS 39422, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Sandra Gray**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **601-764-3171**

Study Area Code of Reporting Carrier

280461

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, 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: **SLEDGE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Robert Sledge Jr.**
Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel. co., inc.,l=Sunflower MS 38778, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Robert Sledge Jr.**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **662-569-3311**

Study Area Code of Reporting Carrier	280466		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ARDMORE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Karen Jackson-Furman**
Digitally signed by Karen Jackson-Furman DN:cn=Karen Jackson-Furman,email=kfurman.wk@wk.net,O=ardmore tel. co., inc., Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Karen Jackson-Furman**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **270-856-9988**

Study Area Code of Reporting Carrier	290280		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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: Ben Lomand Rural Telephone Cooperative, Inc.			
Signature of authorized officer: <i>Lisa Cope</i>	Date:	5-24-2018	
Printed name of authorized officer: Lisa Cope			
Title or position of authorized officer: General Manager / CEO			
Telephone number of authorized officer: (931) 668-4131 ext.			
Study Area Code of Reporting Carrier:	290553	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					Bledsoe Telephone Cooperative, Inc				
Signature of authorized officer				Date		5/24/18			
Printed name of authorized officer					John Lee Downey				
Title or position of authorized officer					President				
Telephone number of authorized officer: (423) 447-2121 ext.									
Study Area Code of Reporting Carrier			290554		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018		
<p>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.</p>									

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, 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: **CROCKETT TEL., INC.**

Signature of Authorized Officer or employee: James Garner	Digitally signed by James Garner DN:cn=James Garner,email=JGarner@tec.com,O=crockett tel., inc.,l=Jackson MS 39201, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **James Garner**

Title or position of Authorized Officer or employee: **Vice President of Operations**

Telephone number of Authorized Officer or employee: **601-354-9070**

Study Area Code of Reporting Carrier	290561		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DEKALB TEL. COOP, INC.**

Signature of Authorized Officer or employee: **Joe Mitchell**
Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=joem@dtccom.net,O=dekalb tel. coop, inc.,l=Alesandria TN 37012, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Joe Mitchell**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **615-464-2254**

Study Area Code of Reporting Carrier

290562

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

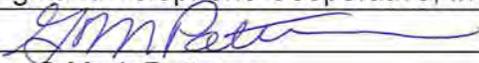
6/18/2018

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				Highland Telephone Cooperative, Inc.			
Signature of authorized officer					Date		5/25/2018
Printed name of authorized officer				G Mark Patterson			
Title or position of authorized officer				Chief Executive Officer / General Manager			
Telephone number of authorized officer:				(423) 628-2121			
Study Area Code of Reporting Carrier		290565		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018	
<p>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.</p>							

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				Loretto Telephone Company, Inc.	
Signature of authorized officer		J.C. Blevins		Date	05/29/18
Printed name of authorized officer					
Jimmy C. Blevins					
Title or position of authorized officer					
CEO					
Telephone number of authorized officer: 931853-4354 ext 1					
Study Area Code of Reporting Carrier		290570		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
<p>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.</p>					

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, 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: **NORTH CENTRAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: Johnny McClanahan	Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central tel. coop., inc.,l=Lafayette TN 37083, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Johnny McClanahan**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **615-666-2151**

Study Area Code of Reporting Carrier	290573		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PEOPLES TELEPHONE COMPANY**

Signature of Authorized Officer or employee: James Garner <small>Digitally signed by James Garner DN:cn=James Garner,email=JGarner@tec.com,O=peoples telephone company,l=Jackson MS 39201, Date:5/23/2018</small>	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **James Garner**

Title or position of Authorized Officer or employee: **Vice President of Operations**

Telephone number of Authorized Officer or employee: **601-354-9070**

Study Area Code of Reporting Carrier	290576		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **UNITED TEL. CO.-TN DBA UNITED COMMUNICATIONS**

Signature of Authorized Officer or employee: **Tommy Welch**
Digitally signed by Tommy Welch DN:cn=Tommy Welch,email=twelch@utcoffice.net,O=united tel. co.-tn dba united communications,l=Chapel Hill TN 37034, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Tommy Welch**

Title or position of Authorized Officer or employee: **Director of Finance and Administration**

Telephone number of Authorized Officer or employee: **931-364-4324**

Study Area Code of Reporting Carrier	290581		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WEST TENNESSEE TEL. CO., INC.**

Signature of Authorized Officer or employee: James Garner <small>Digitally signed by James Garner DN:cn=James Garner,email=JGarner@tec.com,O=west tennessee tel. co., inc.,l=Jackson MS 39201, Date:5/23/2018</small>	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **James Garner**

Title or position of Authorized Officer or employee: **Vice President of Operations**

Telephone number of Authorized Officer or employee: **601-354-9070**

Study Area Code of Reporting Carrier	290583		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WEST KENTUCKY RURAL TELEPHONE COOP. CORP.-TN**

Signature of Authorized Officer or employee: Karen Jackson-Furman	Digitally signed by Karen Jackson-Furman DN:cn=Karen Jackson-Furman,email=kfurman.wk@wk.net,O=west kentucky rural telephone coop. corp.-tn,= , Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Karen Jackson-Furman**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **270-856-9988**

Study Area Code of Reporting Carrier	290598		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **THE ARTHUR MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: Eric Roughton <small>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual tel. co.,l= , Date:5/21/2018</small>	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Eric Roughton**

Title or position of Authorized Officer or employee: **General Manager/Sec'y/Treasurer**

Telephone number of Authorized Officer or employee: **419-393-2233**

Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **AYERSVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Phil Maag**
Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel. co.,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Phil Maag**

Title or position of Authorized Officer or employee: **Sec./Treas. & General Manager**

Telephone number of Authorized Officer or employee: **419-395-2222**

Study Area Code of Reporting Carrier	300588		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BASCOM MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Laura Wise**
Digitally signed by Laura Wise DN:cn=Laura Wise,email=law@bascomtelephone.com,O=bascom mutual tel. co.,l=Bascom OH 44809-0316, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Laura Wise**

Title or position of Authorized Officer or employee: **Board Assistant Treasurer**

Telephone number of Authorized Officer or employee: **419-937-2222**

Study Area Code of Reporting Carrier	300589		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BENTON RIDGE TEL. CO.**

Signature of Authorized Officer or employee: **Mark Miller**
Digitally signed by Mark Miller DN:cn=Mark Miller,email=mmiller@watchtv.net,O=benton ridge tel. co.,l=, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Mark Miller**

Title or position of Authorized Officer or employee: **CFO/VP/Treasurer**

Telephone number of Authorized Officer or employee: **419-859-2144**

Study Area Code of Reporting Carrier	300590		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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: Buckland Telephone Company			
Signature of authorized officer	<i>Douglas G. Place</i>	Date	05-24-2018
Printed name of authorized officer: Douglas G. Place			
Title or position of authorized officer: General Manager			
Telephone number of authorized officer: (419) 657-2222			
Study Area Code of Reporting Carrier	300591	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, 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: **THE CHAMPAIGN TEL. CO.**

Signature of Authorized Officer or employee: **Tiffany Ebersold**
Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co., Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Tiffany Ebersold**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **937-653-2263**

Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MCCLURE TEL. CO.**

Signature of Authorized Officer or employee: **Lance Miller**
Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel. co.,l=McClure OH 43534-0026, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Lance Miller**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **419-748-8032**

Study Area Code of Reporting Carrier

300598

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, 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: **CONNEAUT TEL. CO.**

Signature of Authorized Officer or employee: Deanna Brown	Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel. co.,l=Conneaut OH 44030, Date:5/30/2018	Date: 5/30/2018
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Printed name of Authorized Officer or employee: **Deanna Brown**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **440-593-7138**

Study Area Code of Reporting Carrier	300606		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				THE CONNEAUT TELEPHONE CO			
Signature of authorized officer			<i>Deanna Brown</i>		Date		7.10.18
Printed name of authorized officer			DEANNA BROWN				
Title or position of authorized officer			CFO				
Telephone number of authorized officer:			(440) 593-7138 ext.				
Study Area Code of Reporting Carrier		300606	Filing Due Date for this form (mm/dd/yyyy)		July 2018		
<p>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.</p>							

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, 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: **DOYLESTOWN TEL. CO.**

Signature of Authorized Officer or employee: **Thomas Brockman**
Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=tbrockman@doylestowntelephone.com,O=doylestown tel. co., Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Thomas Brockman**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **330-658-2121**

Study Area Code of Reporting Carrier

300609

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, 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: **THE FARMERS MUTUAL TEL. CO.-OKOLONA, OH**

Signature of Authorized Officer or employee:	Cheryl Bostelman Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=the farmers mutual tel. co.-okolona, oh,j= , Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Cheryl Bostelman**

Title or position of Authorized Officer or employee: **Secretary/General Manager**

Telephone number of Authorized Officer or employee: **419-758-3303**

Study Area Code of Reporting Carrier	300612		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **FORT JENNINGS TEL. CO.**

Signature of Authorized Officer or employee: **Michael Metzger**
Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel. co.,l=Ft. Jennings OH 45844-0146, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Michael Metzger**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **419-286-2181**

Study Area Code of Reporting Carrier

300614

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, 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: **GLANDORF TEL. CO., INC.**

Signature of Authorized Officer or employee: **David Hunt**
Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel. co., inc.,l=Glandorf OH 45848, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **David Hunt**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **419-538-6987**

Study Area Code of Reporting Carrier

300619

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, 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: **KALIDA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Chris Phillips**
Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel. co., inc.,l=Kalida OH 45853, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Chris Phillips**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **419-532-3218**

Study Area Code of Reporting Carrier	300625		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MIDDLE POINT HOME TEL. CO.**

Signature of Authorized Officer or employee: **Bruce Hanson**
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	300633		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MINFORD TEL. CO., INC.**

Signature of Authorized Officer or employee: Paula McGraw	Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel. co., inc.,l=Minford OH 45653, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Paula McGraw**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **740-820-2151**

Study Area Code of Reporting Carrier	300634		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **THE NEW KNOXVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Preston Meyer**
Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=preston@nktelco.net,O=the new knoxville tel. co.,l=New Knoxville OH 45871-0219, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Preston Meyer**

Title or position of Authorized Officer or employee: **Sales Manager/Chief Operating Officer**

Telephone number of Authorized Officer or employee: **419-753-2457**

Study Area Code of Reporting Carrier	300639		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **THE NOVA TEL. CO.**

Signature of Authorized Officer or employee: Charles Mattingly <small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=the nova tel. co.,l=Judson TX 75660, Date:5/17/2018</small>	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Charles Mattingly**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **903-663-0099**

Study Area Code of Reporting Carrier	300644		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **THE OTTOVILLE MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **William Honigford**
Digitally signed by William Honigford DN:cn=William Honigford,email=billh@ottovillemutual.com,O=the ottoville mutual tel. co.,l=Ottoville OH 45876-0427, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **William Honigford**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **419-453-3324**

Study Area Code of Reporting Carrier

300650

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, 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: **PATTERSONVILLE TEL. CO.-OH**

Signature of Authorized Officer or employee: Aaron Jones <small>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel. co.-oh,l=Carrollton OH 44615, Date:5/18/2018</small>	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Aaron Jones**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **330-895-4391**

Study Area Code of Reporting Carrier	300651		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **RIDGEVILLE TEL. CO.**

Signature of Authorized Officer or employee: Matthew Eggers	Digitally signed by Matthew Eggers DN:cn=Matthew Eggers,email=olg1355@bright.net,O=ridgeville tel. co.,l=Ridgeville Corners OH 43555, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Matthew Eggers**

Title or position of Authorized Officer or employee: **President, Board of Directors**

Telephone number of Authorized Officer or employee: **419-267-5185**

Study Area Code of Reporting Carrier	300654		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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)(vi).

Name of Reporting Carrier				Sherwood Mutual Telephone Association, Inc.			
Signature of authorized officer			Date		5/29/2018		
Printed name of authorized officer				Richard R. Rostorfer			
Title or position of authorized officer				General Manager			
Telephone number of authorized officer:				(419) 899-2121			
Study Area Code of Reporting Carrier		300656		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018	
<p>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. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

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, 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: **SYCAMORE TEL. CO.**

Signature of Authorized Officer or employee: **Richard Ekleberry II**
Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycltelco.com,O=sycamore tel. co.,l= , Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Richard Ekleberry II**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **419-927-6012**

Study Area Code of Reporting Carrier

300658

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, 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: **TELEPHONE SERVICE CO.**

Signature of Authorized Officer or employee: Bruce Hanson	Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l= , Date:5/22/2018	Date: 5/22/2018
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Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **VAUGHNSVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Martha Kaplan**
Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel. co., inc.,l=Vaughnsville OH 45893-0127, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Martha Kaplan**

Title or position of Authorized Officer or employee: **Manager/Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **419-646-3431**

Study Area Code of Reporting Carrier	300663		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WABASH MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: Mike Boley <small>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel. co., Date:5/29/2018</small>	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Mike Boley**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **419-942-1111**

Study Area Code of Reporting Carrier	300664		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ALLBAND COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Ron Siegel**
Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband communications cooperative,|= , Date:5/27/2018

Date: **5/27/2018**

Printed name of Authorized Officer or employee: **Ron Siegel**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **989-369-9870**

Study Area Code of Reporting Carrier

310542

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, 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: **BARAGA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **M. Inal**
Digitally signed by M. Inal DN:cn=M. Inal,email=kinal@up.net,O=baraga telephone company,l=Baraga MI 49908, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **M. Inal**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **906-353-6644**

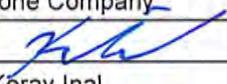
Study Area Code of Reporting Carrier	310675		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 <u>Baraga Telephone Company</u>				
Signature of authorized officer 			Date	<u>7-3-2018</u>
Printed name of authorized officer <u>Mehmet Koray Inal</u>				
Title or position of authorized officer <u>Vice President</u>				
Telephone number of authorized officer: <u>(906) 353-6644</u>				
Study Area Code of Reporting Carrier	<u>310675</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>July 2018</u>	
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, 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: **BARRY COUNTY TEL. CO.**

Signature of Authorized Officer or employee: **David Stoll**
Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel. co.,l=Delton MI 49046, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **David Stoll**

Title or position of Authorized Officer or employee: **GM/CEO**

Telephone number of Authorized Officer or employee: **269-623-9971**

Study Area Code of Reporting Carrier	310676		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Blanchard Telephone Co	
Signature of authorized officer			Date		5/29/2018
Printed name of authorized officer			Ronald J. Ray		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(989) 561-9930 ext.		
Study Area Code of Reporting Carrier		310678	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, 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: **BLOOMINGDALE TEL. CO.**

Signature of Authorized Officer or employee: **Steve Shults**
Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel. co., Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Steve Shults**

Title or position of Authorized Officer or employee: **Assistant Treasurer**

Telephone number of Authorized Officer or employee: **269-521-7313**

Study Area Code of Reporting Carrier

310679

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

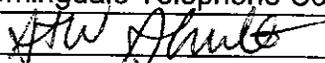
6/18/2018

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				Bloomingdale Telephone Company Inc	
Signature of authorized officer				Date	7/9/2018
Printed name of authorized officer		Steve W. Shults			
Title or position of authorized officer		CEO/General Manager			
Telephone number of authorized officer:		269-521-7313			
Study Area Code of Reporting Carrier	310679	Filing Due Date for this form (mm/dd/yyyy)	July 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					CARR TELEPHONE COMPANY					
Signature of authorized officer				<i>Teresa Bogner</i>			Date		05-16-18	
Printed name of authorized officer					TERESA BOGNER					
Title or position of authorized officer					SECRETARY					
Telephone number of authorized officer: (231 - 898-2244)										
Study Area Code of Reporting Carrier			310683		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, 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: **CLIMAX TEL. CO.**

Signature of Authorized Officer or employee: Stacey Hamlin <small>Digitally signed by Stacey Hamlin DN:cn=Stacey Hamlin,email=shamlin@ctstelecom.com,O=climax tel. co.,l=Climax MI 49034, Date:5/29/2018</small>	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Stacey Hamlin**

Title or position of Authorized Officer or employee: **President and Ceo**

Telephone number of Authorized Officer or employee: **269-746-4411**

Study Area Code of Reporting Carrier	310688		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Climax Telephone Company	
Signature of authorized officer		<i>Stacey Hamlin</i>		Date	7/3/2018
Printed name of authorized officer		Stacey Hamlin			
Title or position of authorized officer		President & CEO			
Telephone number of authorized officer:		2697463239 ext.			
Study Area Code of Reporting Carrier	310688	Filing Due Date for this form (mm/dd/yyyy)	July 2018		
<p>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.</p>					

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				Deerfield Farmers Telephone Company	
Signature of authorized officer			Date		05/22/2018
Printed name of authorized officer					
David La Rocca					
Title or position of authorized officer					
President					
Telephone number of authorized officer: 734, 279-5510, ext.					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018	
310691					
<p>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.</p>					

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				Farmers Mutual Telephone Company of Chapin			
Signature of authorized officer		<i>Laurie S. Ringle</i>		Date		5/22/18	
Printed name of authorized officer				Laurie S. Ringle			
Title or position of authorized officer				Treasurer			
Telephone number of authorized officer				(989) 661-2476			
Study Area Code of Reporting Carrier		310694		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018	
<p>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.</p>							

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: KALEVA TELEPHONE COMPANY			
Signature of authorized officer: 		Date:	5/16/2018
Printed name of authorized officer: JON W. CRIBBS			
Title or position of authorized officer: PRESIDENT			
Telephone number of authorized officer: 231-362-3111, ext.			
Study Area Code of Reporting Carrier:	310703	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, 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: **ACE TEL. CO. OF MI, INC.**

Signature of Authorized Officer or employee: **Todd Roesler**
Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel. co. of mi, inc.,l=Houston MN 55943-0360, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Todd Roesler**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **507-896-6292**

Study Area Code of Reporting Carrier	310704		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				<i>Lancon Telephone Company</i>			
Signature of authorized officer			<i>Jacqueline Bowden</i>		Date		<i>5/18/18</i>
Printed name of authorized officer				<i>Jacqueline Bowden</i>			
Title or position of authorized officer				<i>President</i>			
Telephone number of authorized officer: <i>(810) 624-3301 ext.</i>							
Study Area Code of Reporting Carrier		<i>310708</i>		Filing Due Date for this form (mm/dd/yyyy)		<i>6/18/2018</i>	
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, 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: **MIDWAY TEL. CO.**

Signature of Authorized Officer or employee: Camie Nebel-Conklin	Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

Title or position of Authorized Officer or employee: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier	310711		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HIAWATHA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Camie Nebel-Conklin	Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha telephone company, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

Title or position of Authorized Officer or employee: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier	310713		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **OGDEN TEL. CO.**

Signature of Authorized Officer or employee: **Linda Corie**
Digitally signed by Linda Corie DN:cn=Linda Corie,email=corie@ogdentel.com,O=ogden tel. co.,l= , Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Linda Corie**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **517-443-5595**

Study Area Code of Reporting Carrier	310714		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ONTONAGON COUNTY TEL. CO.**

Signature of Authorized Officer or employee: Camie Nebel-Conklin	Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel. co., Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

Title or position of Authorized Officer or employee: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier	310717		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PIGEON TEL. CO.**

Signature of Authorized Officer or employee: **Neal Eichler**
Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel. co.,l=Pigeon MI 48755, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Neal Eichler**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **989-453-4391**

Study Area Code of Reporting Carrier	310721		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SAND CREEK TEL. CO.**

Signature of Authorized Officer or employee: **Harvey Souders**
Digitally signed by Harvey Souders DN:cn=Harvey Souders,email=souders@sandcreektelco.com,O=sand creek tel. co.,l=Sand Creek MI 49279-0066, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Harvey Souders**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **517-436-3130**

Study Area Code of Reporting Carrier	310725		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Sand Creek Telephone Co					
Signature of authorized officer				Date		7-5-18				
Printed name of authorized officer					Harvey F Sanders					
Title or position of authorized officer					General Manager / Vice President					
Telephone number of authorized officer:					517.436.3130, ext.					
Study Area Code of Reporting Carrier			310725		Filing Due Date for this form (mm/dd/yyyy)		July 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, 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: **SPRINGPORT TEL. CO.**

Signature of Authorized Officer or employee: **Mark Cutler**
Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel. co.,l=Springport MI 49284-0208, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Mark Cutler**

Title or position of Authorized Officer or employee: **Accountant**

Telephone number of Authorized Officer or employee: **517-857-3100**

Study Area Code of Reporting Carrier	310728		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **UPPER PENINSULA TEL. CO.**

Signature of Authorized Officer or employee: **Becky Schetter**
Digitally signed by Becky Schetter DN:cn=Becky Schetter,email=becky.schetter@alphacomm.net,O=upper peninsula tel. co.,|=Carney MI 49812-0086, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Becky Schetter**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **906-639-2111**

Study Area Code of Reporting Carrier

310732

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, 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: **WALDRON TEL. CO.**

Signature of Authorized Officer or employee: **Lucinda Bernath**
Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel. co.,l=Waldron MI 49288-0197, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Lucinda Bernath**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **517-286-6211**

Study Area Code of Reporting Carrier

310734

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

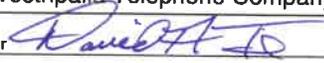
6/18/2018

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				Westpalia Telephone Company	
Signature of authorized officer				Date	5/16/18
Printed name of authorized officer		David Fox			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(989) 587-5002 ext.			
Study Area Code of Reporting Carrier	310735	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		
<p>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.</p>					

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, 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: **WINN TEL. CO.**

Signature of Authorized Officer or employee: **Mark Graf**
Digitally signed by Mark Graf DN:cn=Mark Graf,email=mgraf@winncommunications.net,O=winn tel. co.,l=Winn MI 48896, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Mark Graf**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **989-953-9876**

Study Area Code of Reporting Carrier	310737		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ACE TEL. CO. OF MICHIGAN, INC. (OLD MISSION)**

Signature of Authorized Officer or employee: **Todd Roesler**
Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel. co. of michigan, inc. (old mission),l=Houston MN 55943-0360, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Todd Roesler**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **507-896-6292**

Study Area Code of Reporting Carrier	310777		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MICHIGAN CENTRAL BROADBAND COMPANY, LLC**

Signature of Authorized Officer or employee: **Becky Schetter**
Digitally signed by Becky Schetter DN:cn=Becky Schetter,email=becky.schetter@alphacomm.net,O=michigan central broadband company, llc,lc=Carney MI 49812-0086, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Becky Schetter**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **906-639-2111**

Study Area Code of Reporting Carrier

310785

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, 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: **BLOOMINGDALE HOME TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Ronja Branson**
Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingtondale.com,O=bloomington dale home telephone company, inc.,l=Bloomington IN 47832, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Ronja Branson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **765-498-2000**

Study Area Code of Reporting Carrier

320742

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

Signature of authorized officer

Ronja Branson

Date

Printed name of authorized officer

Title or position of authorized officer

Telephone number of authorized officer: () - , ext.

Study Area Code of Reporting Carrier

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

July 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, 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: **CITIZENS TEL. CORP.-WARREN**

Signature of Authorized Officer or employee: **Joan Paxson**
Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citiznet.com,O=citizens tel. corp.-warren,I=Warren IN 46792, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Joan Paxson**

Title or position of Authorized Officer or employee: **Secretary, Office Manager**

Telephone number of Authorized Officer or employee: **260-375-2111**

Study Area Code of Reporting Carrier	320751		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CLAY CTY. RURAL TEL COOP INC D/B/A ENDEAVOR**

Signature of Authorized Officer or employee: Darin LaCoursiere	Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darint@weEndeavor.com,O=clay ct. rural tel coop inc d/b/a endeavor, =Cloverdale IN 46120-0237, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Darin LaCoursiere**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **765-795-4261**

Study Area Code of Reporting Carrier	320753		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CRAIGVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: Lee Von Gunten	Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel. co.,inc.,l=Craigville IN 46731, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Lee Von Gunten**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **260-565-3131**

Study Area Code of Reporting Carrier	320756		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DAVIESS-MARTIN CTY. RURAL TEL. DBA RTC COMM.**

Signature of Authorized Officer or employee: Kirk Lehman <small>Digitally signed by Kirk Lehman DN:cn=Kirk Lehman,email=klehman@rtccom.com,O=daviess-martin cty. rural tel. dba rtc comm.,l= , Date:5/16/2018</small>	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Kirk Lehman**

Title or position of Authorized Officer or employee: **CEO/Executive VP**

Telephone number of Authorized Officer or employee: **812-486-3211**

Study Area Code of Reporting Carrier	320759		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GEETINGSVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Steve Scott**

Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel. co., inc.,l= , Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Steve Scott**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **765-258-3111**

Study Area Code of Reporting Carrier

320771

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, 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: **LIGONIER TEL. CO.**

Signature of Authorized Officer or employee: **Randy Mead**
Digitally signed by Randy Mead DN:cn=Randy Mead,email=rmead@ligtel.net,O=lignonier tel. co.,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Randy Mead**

Title or position of Authorized Officer or employee: **Vice President and General Manager**

Telephone number of Authorized Officer or employee: **260-894-7161**

Study Area Code of Reporting Carrier

320783

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, 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: **MONON TEL. CO., INC.**

Signature of Authorized Officer or employee: **Bruce Hanway**
Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel. co., inc.,l=Monon IN 47959, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Bruce Hanway**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **219-253-6601**

Study Area Code of Reporting Carrier	320790		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MULBERRY COOP. TEL. CO., INC.**

Signature of Authorized Officer or employee: Randy Maish <small>Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop. tel. co., inc.,l=Mulberry IN 46058-0370, Date:5/23/2018</small>	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Randy Maish**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **765-296-2885**

Study Area Code of Reporting Carrier	320792		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 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: **NEW LISBON TEL. CO., INC.**

Signature of Authorized Officer or employee: **John Greene**
Digitally signed by John Greene DN:cn=John Greene,email=john.greene@nlbc.com,O=new lisbon tel. co., inc.,l=New Lisbon IN 47366, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **John Greene**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **765-332-2413**

Study Area Code of Reporting Carrier

320796

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, 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: **NEW PARIS TEL., INC.**

Signature of Authorized Officer or employee: **Paul Penrose**
Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel., inc.,l=New Paris IN 46553-0047, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Paul Penrose**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **574-831-7115**

Study Area Code of Reporting Carrier

320797

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, 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: **NORTHWESTERN INDIANA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Thomas Long**
Digitally signed by Thomas Long DN:cn=Thomas Long,email=tlong@nitco.com,O=northwestern indiana tel. co., inc.,l=Hebron IN 46341, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Thomas Long**

Title or position of Authorized Officer or employee: **COO**

Telephone number of Authorized Officer or employee: **219-996-2981**

Study Area Code of Reporting Carrier	320800		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PERRY-SPENCER RURAL TEL. COOP., INC. DBA PSC**

Signature of Authorized Officer or employee: James Dauby	Digitally signed by James Dauby DN:cn=James Dauby,email=jdauby@psci.net,O=perry-spencer rural tel. coop., inc. dba psc,l=St. Meinrad IN 47577, Date:5/30/2018	Date: 5/30/2018
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Printed name of Authorized Officer or employee: **James Dauby**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **812-357-2123**

Study Area Code of Reporting Carrier	320807		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PULASKI-WHITE RURAL TEL. COOP.dba LIGHTSTREAM**

Signature of Authorized Officer or employee: **Brent Gillum**
Digitally signed by Brent Gillum DN:cn=Brent Gillum,email=bgillum@pwrtc.net,O=pulaski-white rural tel. coop.dba lightstream,l=Buffalo IN 47925, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Brent Gillum**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **574-278-7121**

Study Area Code of Reporting Carrier	320813		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 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: **ROCHESTER TEL. CO., INC.**

Signature of Authorized Officer or employee: **Greta Lynch**
Digitally signed by Greta Lynch DN:cn=Greta Lynch,email=greta.lynych@rtc1.com,O=rochester tel. co., inc.,l=Rochester IN 46975-0507, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Greta Lynch**

Title or position of Authorized Officer or employee: **VP-Finance**

Telephone number of Authorized Officer or employee: **574-223-0238**

Study Area Code of Reporting Carrier

320815

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 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: **SOUTHEASTERN INDIANA RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: Anthony Clark <small>Digitally signed by Anthony Clark DN:cn=Anthony Clark,email=clarkt@seidata.com,O=southeastern indiana rural tel. coop., inc., Date:5/16/2018</small>	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Anthony Clark**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **812-667-5100**

Study Area Code of Reporting Carrier	320819		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SUNMAN TELECOMM. CORP. dba ENHANCED TELECOMM.**

Signature of Authorized Officer or employee: **Michael Alig**
Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecomm. corp. dba enhanced telecomm.,l=Sunman IN 47041, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Michael Alig**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **812-623-2122**

Study Area Code of Reporting Carrier	320825		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SWAYZEE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Timothy Miles**
Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel. co., inc.,l= , Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Timothy Miles**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **765-922-7916**

Study Area Code of Reporting Carrier	320826		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SWEETSER RURAL TEL. CO., INC.**

Signature of Authorized Officer or employee: Scott Winger	Digitally signed by Scott Winger DN:cn=Scott Winger,email=sawinger@comteck.com,O=sweetser rural tel. co., inc.,l=Sweetser IN 46987, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Scott Winger**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **765-384-4311**

Study Area Code of Reporting Carrier	320827		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Washington County Rural Telephone Cooperative, Inc.			
Signature of authorized officer			<i>David Gottbrath</i>		Date		5/17/18
Printed name of authorized officer			David Gottbrath				
Title or position of authorized officer			Vice-President				
Telephone number of authorized officer: (812) 967-3171							
Study Area Code of Reporting Carrier		320834		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018	
<p>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.</p>							

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: <u>Washington County Rural Telephone Cooperative, Inc.</u>				
Signature of authorized officer: <u>[Signature]</u>		Date: <u>7/6/18</u>		
Printed name of authorized officer: <u>Roland King</u>				
Title or position of authorized officer: <u>President</u>				
Telephone number of authorized officer: <u>(812) 967-3171</u>				
Study Area Code of Reporting Carrier	<u>320834</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>July 2018</u>	
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, 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: **YEOMAN TEL. CO., INC.**

Signature of Authorized Officer or employee: **David Blacker**
Digitally signed by David Blacker DN:cn=David Blacker,email=dblacker@ytci.com,O=yeoman tel. co., inc.,l= , Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **David Blacker**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **574-965-2100**

Study Area Code of Reporting Carrier	320839		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **AMERY TELCOM, INC.**

Signature of Authorized Officer or employee: **Michael Jensen**
Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Michael Jensen**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **715-268-7101**

Study Area Code of Reporting Carrier

330842

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, 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: **AMHERST TEL. CO.**

Signature of Authorized Officer or employee: **Carl Bohman**

Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=carlb@tvalleycom.com,O=amherst tel. co.,l=Amherst WI 54406-0279, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Carl Bohman**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **715-824-5529**

Study Area Code of Reporting Carrier

330843

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, 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: **BALDWIN TELCOM., INC.**

Signature of Authorized Officer or employee: **Matt Sparks**
Digitally signed by Matt Sparks DN:cn=Matt Sparks,email=matt.sparks@baldwin-telecom.net,O=baldwin telecom., inc.,l=Baldwin WI 54002, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Matt Sparks**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **715-684-1055**

Study Area Code of Reporting Carrier	330846		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BELMONT TEL. CO.**

Signature of Authorized Officer or employee: **Deb Egli**
Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=belmont tel. co.,l=Cuba City WI 53807, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Deb Egli**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **608-744-3500**

Study Area Code of Reporting Carrier	330847		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BERGEN TEL. CO.**

Signature of Authorized Officer or employee: **Brad Ellefson**
Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel. co.,l=Sharon WI 53585, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Brad Ellefson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **262-736-9981**

Study Area Code of Reporting Carrier

330848

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, 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: **BLOOMER TEL. CO.**

Signature of Authorized Officer or employee: **Kent Klima**
Digitally signed by Kent Klima DN:cn=Kent Klima,email=kent.klima@bloomer.net,O=bloomer tel. co.,l=, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Kent Klima**

Title or position of Authorized Officer or employee: **Vice President & General Manager**

Telephone number of Authorized Officer or employee: **715-568-4830**

Study Area Code of Reporting Carrier	330850		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BRUCE TEL. CO., INC.**

Signature of Authorized Officer or employee: John Manosky <small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc.,l= , Date:5/22/2018</small>	Date: 5/22/2018
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Printed name of Authorized Officer or employee: **John Manosky**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **715-868-5111**

Study Area Code of Reporting Carrier	330855		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				CHEQUAMEGON COMMUNICATIONS COOPERATIVE INC	
Signature of authorized officer		Date		5/25/18	
Printed name of authorized officer		ROBERT C THOMPSON			
Title or position of authorized officer		CFO			
Telephone number of authorized officer: (715) 798-7116 ext.					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018	
330860					
<p>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.</p>					

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, 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: **CHIBARDUN TEL. COOP., INC.**

Signature of Authorized Officer or employee: **N. Scott Behn**
Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaicom.com,O=chibardun tel. coop., inc.,l=Cameron WI 54822-0664, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **N. Scott Behn**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **715-458-5400**

Study Area Code of Reporting Carrier	330861		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CITIZENS TEL. COOP., INC.-WI**

Signature of Authorized Officer or employee: **Dennis Bachman**
Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel. coop., inc.-wi,l=New Auburn WI 54757-0127, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Dennis Bachman**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **715-237-2605**

Study Area Code of Reporting Carrier	330863		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CLEAR LAKE TEL. CO., INC.-WI**

Signature of Authorized Officer or employee: **Tim Kusilek**
Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake tel. co., inc.-wi,lc=Clear Lake WI 54005, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Tim Kusilek**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **715-263-2755**

Study Area Code of Reporting Carrier

330865

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 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: **COCHRANE COOP. TEL. CO.**

Signature of Authorized Officer or employee: Gina Tomlinson <small>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mwt.net,O=cochrane coop. tel. co.,l=Cochrane WI 54622-0189, Date:5/18/2018</small>	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Gina Tomlinson**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **608-248-2323**

Study Area Code of Reporting Carrier	330866		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **COON VALLEY FARMERS TEL. CO., INC.**

Signature of Authorized Officer or employee: Carol Olson	Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers tel. co.,inc.,l=Coon Valley WI 54623-0398, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Carol Olson**

Title or position of Authorized Officer or employee: **Assistant Secretary Treasurer**

Telephone number of Authorized Officer or employee: **608-452-3101**

Study Area Code of Reporting Carrier	330868		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CUBA CITY TEL. EXCH. CO.**

Signature of Authorized Officer or employee: **Deb Egli**
Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city tel. exch. co.,l=Cuba City WI 53807, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Deb Egli**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **608-744-3500**

Study Area Code of Reporting Carrier

330872

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 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: **FARMERS IND. TEL. CO.-WI**

Signature of Authorized Officer or employee: Mark Anderson	Digitally signed by Mark Anderson DN:cn=Mark Anderson,email=mark@grantsburgtelcom.com,O=farmers ind. tel. co.-wi,l=Grantsburg WI 54840-0447, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Mark Anderson**

Title or position of Authorized Officer or employee: **General Manager and Compliance Officer**

Telephone number of Authorized Officer or employee: **715-463-5322**

Study Area Code of Reporting Carrier	330879		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 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: **HILLSBORO TEL. CO., INC.**

Signature of Authorized Officer or employee: **Carla Shaker**
Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel. co., inc.,l=Hillsboro WI 54634-0427, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Carla Shaker**

Title or position of Authorized Officer or employee: **Secretary/Treasurer/Office Mgr.**

Telephone number of Authorized Officer or employee: **608-489-3230**

Study Area Code of Reporting Carrier	330892		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 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: LAKEFIELD TELEPHONE COMPANY

Signature of Authorized Officer or employee: **Robert Webb**
Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=lakefield telephone company,l=Green Bay WI 54307-9079, Date:5/17/2018

Date: 5/17/2018

Printed name of Authorized Officer or employee: Robert Webb

Title or position of Authorized Officer or employee: Vice President/COO

Telephone number of Authorized Officer or employee: 920-617-7351

Study Area Code of Reporting Carrier	330896		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LA VALLE TEL. COOP.**

Signature of Authorized Officer or employee: **Gregory Rockweiler**
Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=ltc@mwt.net,O=la valle tel. coop.,l=La Valle WI 53941, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Gregory Rockweiler**

Title or position of Authorized Officer or employee: **Assistant Secretary**

Telephone number of Authorized Officer or employee: **608-985-7201**

Study Area Code of Reporting Carrier

330899

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, 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: **LEMONWEIR VALLEY TEL. CO.**

Signature of Authorized Officer or employee: Donna Rezin	Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=Donna.Rezin@getlynxx.com,O=lemonweir valley tel. co.,l=Camp Douglas WI 54618, Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Donna Rezin**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **608-427-6515**

Study Area Code of Reporting Carrier	330900		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LAKELAND COMMUNICATIONS GROUP, LLC-LUCK**

Signature of Authorized Officer or employee: **Crystal Morley**
Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland communications group, llc-luck,l=Milltown WI 54858, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Crystal Morley**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **715-825-5105**

Study Area Code of Reporting Carrier	330902		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Manawa Telephone Company**

Signature of authorized officer *Greg Krings* Date **5-16-18**

Printed name of authorized officer **Greg Krings**

Title or position of authorized officer **Treasurer**

Telephone number of authorized officer: **(715) 421-8129**

Study Area Code of Reporting Carrier	330905	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MARQUETTE-ADAMS TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Jerry Schneider**
Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquette-adams tel. coop., inc.,l=Oxford WI 53952, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Jerry Schneider**

Title or position of Authorized Officer or employee: **CEO & General Manager**

Telephone number of Authorized Officer or employee: **608-586-4111**

Study Area Code of Reporting Carrier	330908		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LAKELAND COMMUNICATIONS GROUP, LLC-MILLTOWN**

Signature of Authorized Officer or employee: **Crystal Morley**
Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystal@m@lakeland.ws,O=lakeland communications group, llc-milltown,l=Milltown WI 54858, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Crystal Morley**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **715-825-5105**

Study Area Code of Reporting Carrier	330910		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NELSON COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Christy Berger**
Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@ntec.net,O=nelson communications cooperative,l=Durand WI 54736-0228, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Christy Berger**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **715-672-4204**

Study Area Code of Reporting Carrier	330918		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NIAGARA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Robert Webb	Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=niagara telephone company,l=Green Bay WI 54307-9079, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Robert Webb**

Title or position of Authorized Officer or employee: **Vice President/COO**

Telephone number of Authorized Officer or employee: **920-617-7351**

Study Area Code of Reporting Carrier	330920		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BAYLAND TELEPHONE, LLC**

Signature of Authorized Officer or employee: Robert Webb	Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=bayland telephone, llc,l=Green Bay WI 54307-9079, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Robert Webb**

Title or position of Authorized Officer or employee: **Vice President/COO**

Telephone number of Authorized Officer or employee: **920-617-7351**

Study Area Code of Reporting Carrier	330925		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PRICE COUNTY TEL. CO.**

Signature of Authorized Officer or employee: **Catherine Mess**
Digitally signed by Catherine Mess DN:cn=Catherine Mess,email=messc@pctcnet.net,O=price county tel. co.,l=Phillips WI 54555-0108, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Catherine Mess**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **715-339-2151**

Study Area Code of Reporting Carrier

330937

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, 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: **NORTHEAST TEL. CO.**

Signature of Authorized Officer or employee: **Robert Webb**
Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=northeast tel. co.,l=Green Bay WI 54307-9079, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Robert Webb**

Title or position of Authorized Officer or employee: **Vice President/COO**

Telephone number of Authorized Officer or employee: **920-617-7351**

Study Area Code of Reporting Carrier

330938

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, 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: **RICHLAND-GRANT TEL. COOP., INC.**

Signature of Authorized Officer or employee: **John Bartz**
Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mwt.net,O=richland-grant tel. coop., inc.,l=Blue River WI 53518, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **John Bartz**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **608-537-2461**

Study Area Code of Reporting Carrier	330942		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SHARON TEL. CO.**

Signature of Authorized Officer or employee: Brad Ellefson	Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel. co.,l=Sharon WI 53585, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Brad Ellefson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **262-736-9981**

Study Area Code of Reporting Carrier	330946		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SIREN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Sid Sherstad**
Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel. co., inc.,l=Siren WI 54872-0426, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Sid Sherstad**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **715-349-2224**

Study Area Code of Reporting Carrier

330949

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, 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: **SOMERSET TEL. CO., INC.**

Signature of Authorized Officer or employee: **Michael Jensen**
Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel. co., inc.,l= , Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Michael Jensen**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **715-268-7101**

Study Area Code of Reporting Carrier	330951		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 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: **SPRING VALLEY TEL. CO., INC.**

Signature of Authorized Officer or employee: **Carol Anderson**
Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel. co., inc.,l=Spring Valley WI 54767, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Carol Anderson**

Title or position of Authorized Officer or employee: **Assistant Manager/Secretary**

Telephone number of Authorized Officer or employee: **715-778-4433**

Study Area Code of Reporting Carrier	330953		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 Not Seeking Duplicative Recovery

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

Name of Reporting Carrier: **TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Cheryl Rue**
Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county communications cooperative, inc.,l=Strum WI 54770, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Cheryl Rue**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **715-695-2691**

Study Area Code of Reporting Carrier	330960		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 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: **UNION TEL. CO.**

Signature of Authorized Officer or employee: **Katherine Kehl**
Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel. co.,l=Plainfield WI 54966-0096, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Katherine Kehl**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **715-335-6301**

Study Area Code of Reporting Carrier

330962

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, 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: **VERNON COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Rodney Olson**
Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon communications cooperative,l=Westby WI 54667, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Rodney Olson**

Title or position of Authorized Officer or employee: **CEO & General Manager**

Telephone number of Authorized Officer or employee: **608-634-7421**

Study Area Code of Reporting Carrier	330966		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WEST WISCONSIN TELCOM COOP., INC.**

Signature of Authorized Officer or employee: **Mark Stenseth**
Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=west wisconsin telecom coop.,inc.,l=Downsville WI 54735, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Mark Stenseth**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **715-664-8311**

Study Area Code of Reporting Carrier	330971		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WITTENBERG TEL. CO.**

Signature of Authorized Officer or employee: **Linda Garbelman**
Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@cirrinity.net,O=wittenberg tel. co.,l=Wittenberg WI 54499, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Linda Garbelman**

Title or position of Authorized Officer or employee: **CFO/Treasurer**

Telephone number of Authorized Officer or employee: **715-253-2115**

Study Area Code of Reporting Carrier	330973		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Wood County Telephone Company**

Signature of authorized officer *Greg Krings* Date **5-16-18**

Printed name of authorized officer **Greg Krings**

Title or position of authorized officer **Asst Secretary / Treasurer**

Telephone number of authorized officer: **(715) 421-8129**

Study Area Code of Reporting Carrier	330974	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ADAMS TEL. COOP.**

Signature of Authorized Officer or employee: James Broemmer Jr.	Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroemmer@adams.net,O=adams tel. coop.,l=Golden IL 62339, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **James Broemmer Jr.**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **217-696-4411**

Study Area Code of Reporting Carrier	340976		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ALHAMBRA - GRANTFORK TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Kevin Osterbur**
Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra - grantfork telephone company,l=Alhambra IL 62001-0207, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Kevin Osterbur**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **618-488-2165**

Study Area Code of Reporting Carrier

340978

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, 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: **CAMBRIDGE TEL. CO.-IL**

Signature of Authorized Officer or employee: **Scott Rubins**
Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=cambridge tel. co.-il,=Geneseo IL 61254-0330, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Scott Rubins**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **309-944-2103**

Study Area Code of Reporting Carrier	340983		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CASS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Tom Allen**
Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass telephone company,l=Virginia IL 62691, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Tom Allen**

Title or position of Authorized Officer or employee: **Vice President/Chief Operating Officer**

Telephone number of Authorized Officer or employee: **217-452-7800**

Study Area Code of Reporting Carrier

340984

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				CLARKSVILLE MUTUAL TELE			
Signature of authorized officer		Patricia Rhoads		5-29-2018		Date	
Printed name of authorized officer				PATRICIA RHOADS			
Title or position of authorized officer				SECRETARY-TREASURER			
Telephone number of authorized officer:				717-889-3822			
Study Area Code of Reporting Carrier		340990		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, 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: **CROSSVILLE TEL. CO.**

Signature of Authorized Officer or employee: Chris Birkla	Digitally signed by Chris Birkla DN:cn=Chris Birkla,email=cbirkla@crosstelco.com,O=crossville tel. co.,l=Crossville IL 62827, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Chris Birkla**

Title or position of Authorized Officer or employee: **Assistant Secretary/Treasurer/General Mg**

Telephone number of Authorized Officer or employee: **618-966-2196**

Study Area Code of Reporting Carrier	340993		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **EGYPTIAN TEL. COOP. ASSN.**

Signature of Authorized Officer or employee: **Kevin Jacobsen**
Digitally signed by Kevin Jacobsen DN:cn=Kevin Jacobsen,email=kjacobsen@egyptian.net,O=egyptian tel. coop. assn.,l=Steeleville IL 62288-0158, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Kevin Jacobsen**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **618-774-1000**

Study Area Code of Reporting Carrier	341003		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **FLAT ROCK TEL. COOP., INC.**

Signature of Authorized Officer or employee: Kevin Jacobsen	Digitally signed by Kevin Jacobsen DN:cn=Kevin Jacobsen,email=kjacobsen@egyptian.net,O=flat rock tel. coop., inc.,l=Steeleville IL 62288-0158, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Kevin Jacobsen**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **618-774-1000**

Study Area Code of Reporting Carrier	341012		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GENESEO TEL. CO.**

Signature of Authorized Officer or employee: **Scott Rubins**
Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=geneseo tel. co.,l=Geneseo IL 61254-0330, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Scott Rubins**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **309-944-2103**

Study Area Code of Reporting Carrier	341016		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, 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				Glasford Telephone Company	
Signature of authorized officer			Date		5/18/2018
Printed name of authorized officer			Duane Goetze		
Title or position of authorized officer			President <i>Duane R. Goetze</i>		
Telephone number of authorized officer:			(309) 389-2111 ext.		
Study Area Code of Reporting Carrier		341017	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				Grafton Telephone Company	
Signature of authorized officer		<i>Leigh Sickinger</i>		Date	05/29/2018
Printed name of authorized officer		Leigh Sickinger			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(618-786-3400) _{ext.}			
Study Area Code of Reporting Carrier	341020	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		
<p>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.</p>					

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, 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: **THE GRANDVIEW MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Angela Tate**
Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=the grandview mutual tel. co.,l= , Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Angela Tate**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **217-946-4101**

Study Area Code of Reporting Carrier	341021		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GRIDLEY TEL. CO.**

Signature of Authorized Officer or employee: **Herb Flesher**
Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel. co.,l=Gridley IL 61744-0129, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Herb Flesher**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **309-747-3780**

Study Area Code of Reporting Carrier

341023

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

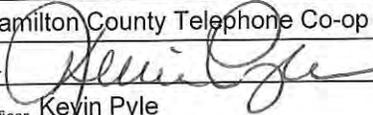
6/18/2018

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				Hamilton County Telephone Co-op	
Signature of authorized officer				Date	05/21/2018
Printed name of authorized officer				Kevin Pyle	
Title or position of authorized officer				GM/EVP	
Telephone number of authorized officer:				(618) 736-2211	
Study Area Code of Reporting Carrier		341024	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
<p>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.</p>					

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, 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: **SHAWNEE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Michael Guffy	Digitally signed by Michael Guffy DN:cn=Michael Guffy,email=mguffy@shawneetel.com,O=shawnee telephone company,l=Equality IL 62934, Date:5/30/2018	Date: 5/30/2018
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Printed name of Authorized Officer or employee: **Michael Guffy**

Title or position of Authorized Officer or employee: **VP - Regulatory Affairs**

Telephone number of Authorized Officer or employee: **618-276-3309**

Study Area Code of Reporting Carrier	341025		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HENRY COUNTY TEL. CO.**

Signature of Authorized Officer or employee: **Scott Rubins**
Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=henry county tel. co.,c=Geneseo IL 61254-0330, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Scott Rubins**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **309-944-2103**

Study Area Code of Reporting Carrier	341029		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Home Telephone Co.	
Signature of authorized officer			Date		5/17/18
Printed name of authorized officer			Eric Schmidt		
Title or position of authorized officer			President		
Telephone number of authorized officer: (618) 644-2111 ext.					
Study Area Code of Reporting Carrier		341032	Filing Due Date for this form (mm/dd/yyyy)		6/18/2018
<p>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.</p>					

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, 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: **KINSMAN MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Michelle Baudino**
Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel. co.,l=Kinsman IL 60437, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Michelle Baudino**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **815-392-4210**

Study Area Code of Reporting Carrier	341041		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LA HARPE TEL. CO.**

Signature of Authorized Officer or employee: Todd Irish	Digitally signed by Todd Irish DN:cn=Todd Irish,email=todd@laharpetelephone.com,O=la harpe tel. co.,l=La Harpe IL 61450, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Todd Irish**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **217-659-7721**

Study Area Code of Reporting Carrier	341043		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LEAF RIVER TEL. CO.**

Signature of Authorized Officer or employee: Aaron Palmer <small>Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lmet1.com,O=leaf river tel. co.,l=Leaf River IL 61047, Date:5/29/2018</small>	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Aaron Palmer**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **815-738-2216**

Study Area Code of Reporting Carrier	341045		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LEONORE MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Donna Naas**
Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmtc@lmtc.net,O=leonore mutual tel. co.,l=Leonore IL 61332, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Donna Naas**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **815-856-3164**

Study Area Code of Reporting Carrier

341046

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, 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: **MCDONOUGH TELEPHONE COOPERATIVE**

Signature of Authorized Officer or employee: **Jay Griswold**
Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jgriswold@mdtc.net,O=mcdonough telephone cooperative,l=Colchester IL 62326, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Jay Griswold**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **309-776-3211**

Study Area Code of Reporting Carrier

341047

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, 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: **MCNABB TEL. CO.**

Signature of Authorized Officer or employee: Roger Pletsch	Digitally signed by Roger Pletsch DN:cn=Roger Pletsch,email=rogerpletsch@nabbnet.com,O=mcnabb tel. co.,l=McNabb IL 61335, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Roger Pletsch**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **815-882-2201**

Study Area Code of Reporting Carrier	341048		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MADISON TEL. CO.**

Signature of Authorized Officer or employee: **Mary Schwartz**
Digitally signed by Mary Schwartz DN:cn=Mary Schwartz,email=regmadison@madisonelco.com,O=madison tel. co.,l=Staunton IL 62088, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Mary Schwartz**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **618-635-5000**

Study Area Code of Reporting Carrier	341049		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MARSEILLES TEL. CO. OF MARS.**

Signature of Authorized Officer or employee: **Ann Dickerson**
Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=marseilles tel. co. of mars.,l=Metamora IL 61548-0800, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Ann Dickerson**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **309-367-4197**

Study Area Code of Reporting Carrier	341050		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **METAMORA TEL. CO.**

Signature of Authorized Officer or employee: **Ann Dickerson**
Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=metamora tel. co.,l=Metamora IL 61548-0800, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Ann Dickerson**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **309-367-4197**

Study Area Code of Reporting Carrier

341053

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, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **MID CENTURY TELEPHONE CO-OPERATIVE**

Signature of Authorized Officer or employee: James Broemmer, Jr.	Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jimbroemmer@adamstel.com,O=mid century telephone co-operative,J=Fairview IL 61432, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **James Broemmer, Jr.**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **309-778-8611**

Study Area Code of Reporting Carrier	341054		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 <i>MONTROSE MUTUAL Tel/Co, INC</i>				
Signature of authorized officer <i>George P. Tays</i>			Date	<i>5-25-18</i>
Printed name of authorized officer <i>George P Tays</i>				
Title or position of authorized officer <i>Sec/Treas/Gen</i>				
Telephone number of authorized officer <i>217925 5242</i>				
Study Area Code of Reporting Carrier	<i>34105D</i>	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				MONTROSE Mutual Tel Co.	
Signature of authorized officer		George P. Tays		Date	7-27-18
Printed name of authorized officer				George P TAYS	
Title or position of authorized officer				Sec / TRAS	
Telephone number of authorized officer				217925-6242 ext.	
Study Area Code of Reporting Carrier		34 1058	Filing Due Date for this form (mm/dd/yyyy)	August 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, 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: **MOULTRIE INDEPENDENT TEL. CO.**

Signature of Authorized Officer or employee: Michael Guffy	Digitally signed by Michael Guffy DN:cn=Michael Guffy,email=mguffy@shawneetel.com,O=moultrie independent tel. co.,l=Equality IL 62934, Date:5/30/2018	Date: 5/30/2018
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Printed name of Authorized Officer or employee: **Michael Guffy**

Title or position of Authorized Officer or employee: **VP - Regulatory Affairs**

Telephone number of Authorized Officer or employee: **618-276-3309**

Study Area Code of Reporting Carrier	341060		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 New Windsor Telephone Company				
Signature of authorized officer <i>Kirby Willems</i>			Date	5/29/2018
Printed name of authorized officer Kirby Willems				
Title or position of authorized officer Secretary				
Telephone number of authorized officer: (309) 667-2712 , ext.				
Study Area Code of Reporting Carrier	341062		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				Oneida Telephone Exchange			
Signature of authorized officer			<i>Gary Peterson</i>		Date		05/29/2018
Printed name of authorized officer				Gary Peterson			
Title or position of authorized officer				President			
Telephone number of authorized officer: (309) 483 3111							
Study Area Code of Reporting Carrier		341066		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018	
<p>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.</p>							

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, 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: **REYNOLDS TEL. CO.**

Signature of Authorized Officer or employee: **Jace Taylor**
Digitally signed by Jace Taylor DN:cn=Jace Taylor,email=jataylor@reysel.net,O=reynolds tel. co.,l=Reynolds IL 61279, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Jace Taylor**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **309-372-4214**

Study Area Code of Reporting Carrier

341075

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, 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: **TONICA TEL. CO.**

Signature of Authorized Officer or employee: **Lloyd Vogel**
Digitally signed by Lloyd Vogel DN:cn=Lloyd Vogel,email=tontel@tonicacom.net,O=tonica tel. co.,l=Tonica IL 61370-0158, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Lloyd Vogel**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **815-442-9901**

Study Area Code of Reporting Carrier

341086

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				Tonica Telephone Company	
Signature of authorized officer		<i>Lloyd Vogel</i>		Date	07/10/2018
Printed name of authorized officer		Lloyd Vogel			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(815) 442-9901 ext.			
Study Area Code of Reporting Carrier	341086	Filing Due Date for this form (mm/dd/yyyy)	July 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, 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: **VIOLA HOME TEL. CO.**

Signature of Authorized Officer or employee: Robert Millikan	Digitally signed by Robert Millikan DN:cn=Robert Millikan,email=wins2@vhtmail.net,O=viola home tel. co.,l=Viola IL 61486, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Robert Millikan**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **309-596-2109**

Study Area Code of Reporting Carrier	341087		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WABASH TEL COOP, INC. DBA WABASH COMM CO-OP**

Signature of Authorized Officer or employee: **Barry Adair**

Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=wabash tel coop, inc. dba wabash comm co-op,|=Louisville IL 62858, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Barry Adair**

Title or position of Authorized Officer or employee: **EVP General Manager**

Telephone number of Authorized Officer or employee: **618-665-3311**

Study Area Code of Reporting Carrier

341088

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, 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: **WOODHULL TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Philip Wirt**
Digitally signed by Philip Wirt DN:cn=Philip Wirt,email=pwirtwc@divcominc.net,O=woodhull telephone company,l=Woodhull IL 61490-0117, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Philip Wirt**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **309-334-2150**

Study Area Code of Reporting Carrier

341091

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					Woodhull Telephone Company						
Signature of authorized officer				<i>Philip Wirt</i>				Date		7/5/2018	
Printed name of authorized officer					Philip Wirt						
Title or position of authorized officer					General Manager						
Telephone number of authorized officer:					(309) 334-2150						
Study Area Code of Reporting Carrier			341091		Filing Due Date for this form (mm/dd/yyyy)		July 2018				
<p>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.</p>											

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, 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: **STELLE TEL. CO.**

Signature of Authorized Officer or employee: **Candice Chaffee**
Digitally signed by Candice Chaffee DN:cn=Candice Chaffee,email=stelletelephone@stelle.net,O=stelle tel. co., Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Candice Chaffee**

Title or position of Authorized Officer or employee: **Financial /Admin Manager**

Telephone number of Authorized Officer or employee: **815-256-2345**

Study Area Code of Reporting Carrier	341092		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **REASNOR TELEPHONE COMPANY, LLC**

Signature of Authorized Officer or employee: **Michael Hatfield**
Digitally signed by Michael Hatfield DN:cn=Michael Hatfield,email=michael@thrifftm.com,O=reasnor telephone company, llc, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Michael Hatfield**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **817-838-1800**

Study Area Code of Reporting Carrier	350739		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ANDREW TEL. CO., INC.**

Signature of Authorized Officer or employee: JoAnne Gregorich	Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel. co., inc.,l=LaMotte IA 52054, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **JoAnne Gregorich**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-773-2213**

Study Area Code of Reporting Carrier	351097		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Arcadia Telephone Cooperative			
Signature of authorized officer			Date		5-18-18		
Printed name of authorized officer				Mark Stechka			
Title or position of authorized officer				GM			
Telephone number of authorized officer: (771) 689 2238, ext.							
Study Area Code of Reporting Carrier			Filing Due Date for this form (mm/dd/yyyy)		6/18/2018		
351098							
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, 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: **ATKINS TEL. CO.**

Signature of Authorized Officer or employee: **Gerald Spaight**
Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel. co.,l=Atkins IA 52206, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Gerald Spaight**

Title or position of Authorized Officer or employee: **General Manager / Treasurer**

Telephone number of Authorized Officer or employee: **319-446-7331**

Study Area Code of Reporting Carrier

351101

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, 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: **AYRSHIRE FMRS. MUT. TEL. CO.**

Signature of Authorized Officer or employee: **Donald Miller**
Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire fmrs. mut. tel. co.,l=Ayrshire IA 50515-0248, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Donald Miller**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **712-776-2222**

Study Area Code of Reporting Carrier

351105

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, 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: **ALPINE COMMUNICATIONS, L.C.**

Signature of Authorized Officer or employee: **Chris Hopp**
Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine communications, l.c.,c=IA 52043, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Chris Hopp**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-245-4480**

Study Area Code of Reporting Carrier	351106		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BALDWIN-NASHVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Brian Rickels**
Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville tel. co., inc.,l=Baldwin IA 52207-0050, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Brian Rickels**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **563-673-6001**

Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 Barnes City Cooperative Telephone Company				
Signature of authorized officer <i>Doris M. Freeborn</i>			Date	05/24/2018
Printed name of authorized officer Doris M. Freeborn				
Title or position of authorized officer Secretary/Treasurer				
Telephone number of authorized officer: (641) 644-5214				
Study Area Code of Reporting Carrier	35-1108	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.

Post-it® Fax Note 7671

To	<i>Lana Kyrie</i>	Date	<i>05/24/2018</i>	# of pages	<i>1</i>
Co./Dept	<i>NECA</i>	From	<i>Doris Freeborn</i>		
Phone #	<i>800-228-0180</i>		<i>Barnes City Telephone</i>		
Fax #	<i>800-367-3058</i>	Phone #	<i>641-644-5214</i>		
		Fax #	<i>641-644-5200</i>		

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, 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: **BERNARD TEL. CO., INC.**

Signature of Authorized Officer or employee: **Kyle Manders**
Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel. co., inc.,l=Bernard IA 52032-0068, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Kyle Manders**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-879-3203**

Study Area Code of Reporting Carrier	351110		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BREDA TEL. CORPORATION**

Signature of Authorized Officer or employee: **Kevin Skinner**
Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=breda tel. corporation,|Breda IA 51436-0109, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Kevin Skinner**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-2311**

Study Area Code of Reporting Carrier

351112

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, 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: **BROOKLYN MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Tim Atkinson**
Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel. co.,l=Brooklyn IA 52211-0513, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Tim Atkinson**

Title or position of Authorized Officer or employee: **General Manager/Compliance Officer**

Telephone number of Authorized Officer or employee: **641-522-9211**

Study Area Code of Reporting Carrier	351113		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **TITONKA TEL. CO. DBA TITONKA-BURT COMM (BURT)**

Signature of Authorized Officer or employee: **Aaron McCartan**
Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@tbctel.com,O=titonka tel. co. dba titonka-burt comm (burt),l=Titonka IA 50480-0321, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Aaron McCartan**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **515-928-2110**

Study Area Code of Reporting Carrier	351114		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BUTLER-BREMER MUT. TEL. CO.**

Signature of Authorized Officer or employee: **Richard McBurney**
Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=butler-bremer mut. tel. co.,l=Plainfield IA 50666-0099, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Richard McBurney**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **319-276-4458**

Study Area Code of Reporting Carrier	351115		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CASCADE COMMUNICATIONS COMPANY**

Signature of Authorized Officer or employee: **David Gibson**
Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade communications company,l=Cascade IA 52033-0250, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **David Gibson**

Title or position of Authorized Officer or employee: **General Manager/Compliance Officer**

Telephone number of Authorized Officer or employee: **563-852-3710**

Study Area Code of Reporting Carrier	351118		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CASEY MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: John Breining	Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel. co.,l=Casey IA 50048, Date:5/22/2018	Date: 5/22/2018
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Printed name of Authorized Officer or employee: **John Breining**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-746-2222**

Study Area Code of Reporting Carrier	351119		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CENTER JUNCTION TEL. CO., INC.**

Signature of Authorized Officer or employee: **Russ Benke**
Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=center junction tel. co., inc.,l=Center Junction IA 52212, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Russ Benke**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-487-2631**

Study Area Code of Reporting Carrier	351121		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CENTRAL SCOTT TEL.**

Signature of Authorized Officer or employee: **Kent Dau**
Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel.,l=Eldridge IA 52748, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Kent Dau**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **563-285-9611**

Study Area Code of Reporting Carrier	351125		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CITIZENS MUTUAL TELEPHONE COOPERATIVE**

Signature of Authorized Officer or employee: **Joe Snyder**
Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=citizens mutual telephone cooperative,l=Bloomfield IA 52537, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Joe Snyder**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-664-2074**

Study Area Code of Reporting Carrier

351129

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

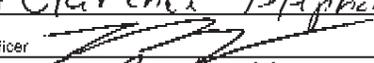
6/18/2018

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				Clarence Telephone Co.			
Signature of authorized officer					Date		5/29/18
Printed name of authorized officer				Mark Harvey			
Title or position of authorized officer				GA			
Telephone number of authorized officer				563.452.3852			
Study Area Code of Reporting Carrier		351130		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, 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: **CLEAR LAKE INDP. TEL. CO.**

Signature of Authorized Officer or employee: Thomas Lovell <small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@cltel.com,O=clear lake indp. tel. co.,l=Clear Lake IA 50428-0066, Date:5/16/2018</small>	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Thomas Lovell**

Title or position of Authorized Officer or employee: **General Manager/Vice President**

Telephone number of Authorized Officer or employee: **641-357-2111**

Study Area Code of Reporting Carrier	351132		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **C-M-L TEL. COOP. ASSN.**

Signature of Authorized Officer or employee: **Bruce Johnson**
Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cmltelco@netins.net,O=c-m-l tel. coop. assn.,l=Meriden IA 51037-0018, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Bruce Johnson**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-443-8222**

Study Area Code of Reporting Carrier	351133		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **COLO TEL. CO.**

Signature of Authorized Officer or employee: Larry Springer	Digitally signed by Larry Springer DN:cn=Larry Springer,email=larrycolo@netins.net,O=colo tel. co.,I=Colo IA 50056-0315, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Larry Springer**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-377-2202**

Study Area Code of Reporting Carrier	351134		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **COON CREEK TEL. CO.**

Signature of Authorized Officer or employee: **Debra Lucht**
Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@cooncreektelephone.com,O=coon creek tel. co.,l=Blairstown IA 52209-0150, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Debra Lucht**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **319-454-6234**

Study Area Code of Reporting Carrier	351136		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Coon Creek Telephone Company**

Signature of authorized officer *Debra Lucht* Date **7/5/18**

Printed name of authorized officer **Debra Lucht**

Title or position of authorized officer **GM/CEO**

Telephone number of authorized officer: **(319) 454-6234**
ext.

Study Area Code of Reporting Carrier	351136	Filing Due Date for this form (mm/dd/yyyy)	July 2018
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **COON VALLEY COOP. TEL. ASSN., INC.**

Signature of Authorized Officer or employee: Jim Nelson	Digitally signed by Jim Nelson DN:cn=Jim Nelson,email=jnelson@coonvalleytelco.com,O=coon valley coop. tel. assn., inc.,l=Menlo IA 50164, Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Jim Nelson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-524-2111**

Study Area Code of Reporting Carrier	351137		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **COOP. TEL. CO.**

Signature of Authorized Officer or employee: Scott Schabacker	Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=coop.tel@netins.net,O=coop. tel. co.,l=Victor IA 52347, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Scott Schabacker**

Title or position of Authorized Officer or employee: **Chief Operating Officer/General Manager**

Telephone number of Authorized Officer or employee: **319-647-3131**

Study Area Code of Reporting Carrier	351139		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CORN BELT TEL. CO.**

Signature of Authorized Officer or employee: Lee Wuebker	Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=combelt@netins.net,O=corn belt tel. co.,l=Wall Lake IA 51466, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Lee Wuebker**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **712-664-2221**

Study Area Code of Reporting Carrier	351141		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Cumberland Telephone Company					
Signature of authorized officer				<i>Ronald Benton</i>		Date		May 29, 2018		
Printed name of authorized officer					Ronald Benton					
Title or position of authorized officer					President					
Telephone number of authorized officer:					(712) 774-2221 ext.					
Study Area Code of Reporting Carrier			351146		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, 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: **DANVILLE MUT. TEL. CO.**

Signature of Authorized Officer or employee: **Timothy FencI**
Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfencI@danvilletelco.net,O=danville mut. tel. co.,l=Danville IA 52623, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Timothy FencI**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **319-392-4251**

Study Area Code of Reporting Carrier	351147		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **FARMERS MUTUAL COOPERATIVE TEL CO (DEFIANCE)**

Signature of Authorized Officer or employee: Thomas Conry	Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tc@fmctc.com,O=farmers mutual cooperative tel co (defiance),l=Harlan IA 51537-0311, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Thomas Conry**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier	351149		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DIXON ACQUISITION, LLC**

Signature of Authorized Officer or employee: **Kent Dau**
Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=dixon acquisition, llc,l=Eldridge IA 52748, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Kent Dau**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **563-285-9611**

Study Area Code of Reporting Carrier	351150		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DUMONT TEL. CO.**

Signature of Authorized Officer or employee: **Roger Kregel**
Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel. co.,l=Dumont IA 50625-0349, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Roger Kregel**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-857-3211**

Study Area Code of Reporting Carrier	351152		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DUNKERTON TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Sue Bruns**
Digitally signed by Sue Bruns DN:cn=Sue Bruns,email=sue@dunkerton.net,O=dunkerton tel. coop.,inc.,l=Dunkerton IA 50626, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Sue Bruns**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **319-822-4512**

Study Area Code of Reporting Carrier	351153		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **EAST BUCHANAN TEL. COOP.**

Signature of Authorized Officer or employee: **Butch Rorabaugh**
Digitally signed by Butch Rorabaugh DN:cn=Butch Rorabaugh,email=butch.rorabaugh@eastbuchanan.com,O=east buchanan tel. coop.,l=Winthrop IA 50682, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Butch Rorabaugh**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **319-935-3011**

Study Area Code of Reporting Carrier	351156		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ELLSWORTH COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Joshua Angove**
Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop. tel. assn.,=Ellsworth IA 50075-0458, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Joshua Angove**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **515-836-4431**

Study Area Code of Reporting Carrier	351157		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MINBURN TELECOMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Debra Lucht**
Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,l=Minburn IA 50167, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Debra Lucht**

Title or position of Authorized Officer or employee: **General Manager/Assistant Secretary**

Telephone number of Authorized Officer or employee: **515-677-2264**

Study Area Code of Reporting Carrier	351158		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 F&B Communications				
Signature of authorized officer <i>Brenda K Kay</i>			Date	5-25-18
Printed name of authorized officer Brenda Kay				
Title or position of authorized officer Secretary/Treasurer				
Telephone number of authorized officer: (563) 374-1236				
Study Area Code of Reporting Carrier	351160	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 <i>Farmers Cooperative Telephone Company</i>			
Signature of authorized officer <i>[Signature]</i>		Date <i>5/29/18</i>	
Printed name of authorized officer <i>Maile Starvo</i>			
Title or position of authorized officer <i>GM</i>			
Telephone number of authorized officer: <i>016 476 7800</i>			
Study Area Code of Reporting Carrier	<i>35162</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/15/2018</i>
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, 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: **FARMERS & MERCHANTS MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Susie Stalder**
Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=sstalder@farmtel.com,O=farmers & merchants mutual tel. co.,l=Wayland IA 52654-0247, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Susie Stalder**

Title or position of Authorized Officer or employee: **Operations Manager**

Telephone number of Authorized Officer or employee: **319-256-2736**

Study Area Code of Reporting Carrier

351166

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, 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: **FARMERS MUTUAL COOP TEL CO- HARLAN**

Signature of Authorized Officer or employee: Thomas Conry	Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tc@fmctc.com,O=farmers mutual coop tel co- harlan,l=Harlan IA 51537-0311, Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Thomas Conry**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier	351168		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **FARMERS MUTUAL COOP. TEL. CO.-MOULTON**

Signature of Authorized Officer or employee: **Tammy Wheeler**
Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop. tel. co.-moulton,l=Moulton IA 52572, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Tammy Wheeler**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-642-3249**

Study Area Code of Reporting Carrier	351169		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **FARMERS MUTUAL TEL. CO.-JESUP**

Signature of Authorized Officer or employee: **Tony Lang**
Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual tel. co.-jesup,l=Jesup IA 50648-0249, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Tony Lang**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **319-827-1151**

Study Area Code of Reporting Carrier	351171		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 Farmers Mutual Telephone Company - Nora Springs				
Signature of authorized officer 			Date	5/22/2018
Printed name of authorized officer Joshua Hveem				
Title or position of authorized officer Chief Operating Officer				
Telephone number of authorized officer: (641) 210-8445				
Study Area Code of Reporting Carrier	351172		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, 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: **FARMERS MUTUAL TEL. COOP.-SHELLSBURG**

Signature of Authorized Officer or employee: **Curtis Eldred**
Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@fmtcs.com,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Curtis Eldred**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **319-436-2224**

Study Area Code of Reporting Carrier

351173

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, 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: **FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA**

Signature of Authorized Officer or employee: **Kevin Cabbage**
Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmcnet.com,O=farmers mutual telephone co. of stanton, iowa,l=Stanton IA 51573-0220, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Kevin Cabbage**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-829-2111**

Study Area Code of Reporting Carrier

351174

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				Farmers Mutual Telephone Company	
Signature of authorized officer		<i>Kevin T. Cabbage</i>		Date	7/9/2018
Printed name of authorized officer		Kevin T. Cabbage			
Title or position of authorized officer		GM/CEO			
Telephone number of authorized officer:		(712) 829-2111 _{ext.}			
Study Area Code of Reporting Carrier		351174	Filing Due Date for this form (mm/dd/yyyy)	July 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, 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: **FARMERS TEL. CO.-BATAVIA**

Signature of Authorized Officer or employee: **Joe Snyder**
Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=farmers tel. co.-batavia,l=Bloomfield IA 52537, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Joe Snyder**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-664-2074**

Study Area Code of Reporting Carrier	351175		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **FARMERS TEL. CO.-ESSEX**

Signature of Authorized Officer or employee: **Tim Hill**
Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel. co.-essex,|Essex IA 51638, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Tim Hill**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **712-379-3001**

Study Area Code of Reporting Carrier

351176

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 Farmers Telephone Company - Riceville				
Signature of authorized officer 			Date	5/22/2018
Printed name of authorized officer Joshua Hveem				
Title or position of authorized officer Chief Operating Officer				
Telephone number of authorized officer: (641) 210-8445				
Study Area Code of Reporting Carrier	351177	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				Fenton Co-op Tel. Co.	
Signature of authorized officer			Date		5-24-18
Printed name of authorized officer					
Steven C Longhenry					
Title or position of authorized officer					
GM					
Telephone number of authorized officer: () - . ext. 515-889-2785					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018	
351179					
<p>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.</p>					

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, 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: **PARTNER COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: Arthur Cooper	Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=tophog@partnercom.net,O=partner communications cooperative, = , Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Arthur Cooper**

Title or position of Authorized Officer or employee: **Board President**

Telephone number of Authorized Officer or employee: **641-498-7701**

Study Area Code of Reporting Carrier	351187		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Goldfield Telephone Company	
Signature of authorized officer				Date	05/29/2018
Printed name of authorized officer		Jared Johnson			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(515) 825-3766			
Study Area Code of Reporting Carrier	351188	Filing Due Date for this form (mm/dd/yyyy)	5/18/2018		
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				River Valley Telecommunications Coop	
Signature of authorized officer		<i>Pam Studer</i>		Date	5/18/18
Printed name of authorized officer		Pam Studer			
Title or position of authorized officer		Secretary			
Telephone number of authorized officer:		7128953300 ^{ext.}			
Study Area Code of Reporting Carrier		351189	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, 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: **GRAND MOUND COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: Travis Ballou	Digitally signed by Travis Ballou DN:cn=Travis Ballou,email=tballou@gmcta.coop,O=grand mound coop.tel. assn.,l=Grand Mound IA 52751, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Travis Ballou**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-847-3000**

Study Area Code of Reporting Carrier	351191		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GRISWOLD COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Amy McLaren**
Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold coop. tel. co.,l=Griswold IA 51535-0640, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Amy McLaren**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **712-778-2121**

Study Area Code of Reporting Carrier	351195		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HAWKEYE TEL. CO.**

Signature of Authorized Officer or employee: **Alex Soderquist**
Digitally signed by Alex Soderquist DN:cn=Alex Soderquist,email=manager@hawkeyetelephone.com,O=hawkeye tel. co.,l=Hawkeye IA 52147-0250, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Alex Soderquist**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-427-3222**

Study Area Code of Reporting Carrier

351199

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, 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: **HOSPERS TEL. EXCHANGE, INC.**

Signature of Authorized Officer or employee: **David Raak**
Digitally signed by David Raak DN:cn=David Raak,email=dave@hosperstel.com,O=hospers tel. exchange, inc.,l=Hospers IA 51238, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **David Raak**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-752-8100**

Study Area Code of Reporting Carrier	351202		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HUBBARD COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **David Lowe**
Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop. tel. assn.,l=Hubbard IA 50122-0428, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **David Lowe**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **641-864-2216**

Study Area Code of Reporting Carrier

351203

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, 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: **HUXLEY COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Gary Clark**
Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley communications cooperative,I=Huxley IA 50124-0036, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Gary Clark**

Title or position of Authorized Officer or employee: **General Manager and Executive VP**

Telephone number of Authorized Officer or employee: **515-597-2281**

Study Area Code of Reporting Carrier	351205		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				IAMO Telephone Company-IA	
Signature of authorized officer		<i>Merlin Swanson</i>		Date	5-29-2018
Printed name of authorized officer		Merlin Swanson			
Title or position of authorized officer		Secretary			
Telephone number of authorized officer:		(712) 583-3232			
Study Area Code of Reporting Carrier	351206	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. §§ 602, 603(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, 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: **FMTC-I35, INC.**

Signature of Authorized Officer or employee: Josh Hveem	Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=fmtrc-i35, inc.,l=Truro IA 50257, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Josh Hveem**

Title or position of Authorized Officer or employee: **COO**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier	351209		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **JORDAN SOLDIER VALLEY TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Paul Bergmann**
Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=paul.bergmann@longlines.biz,O=jordan soldier valley telephone company,l=Sergeant Bluff IA 51054, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Paul Bergmann**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-271-5535**

Study Area Code of Reporting Carrier	351213		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **KALONA COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Casey Peck**
Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey.peck@kctc.net,O=kalona coop. tel. co.,l=Kalona IA 52247-1208, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Casey Peck**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **319-656-3668**

Study Area Code of Reporting Carrier

351214

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, 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: **KEYSTONE FRMS. COOP. TEL. CO.**

Signature of Authorized Officer or employee: Byran Kimm <small>Digitally signed by Byran Kimm DN:cn=Byran Kimm,email=keystone@netins.net,O=keystone frms.coop.tel.co.,=Keystone IA 52249-0277, Date:5/16/2018</small>	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Byran Kimm**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **319-442-3241**

Study Area Code of Reporting Carrier	351217		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LA PORTE CITY TEL. CO.**

Signature of Authorized Officer or employee: **Chris Hopp**
Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel. co.,l=Elkader IA 52043, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Chris Hopp**

Title or position of Authorized Officer or employee: **Executive Secretary**

Telephone number of Authorized Officer or employee: **563-245-4480**

Study Area Code of Reporting Carrier

351220

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, 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: **LA MOTTE TEL. CO.**

Signature of Authorized Officer or employee: **JoAnne Gregorich**
Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=la motte tel. co.,l=LaMotte IA 52054, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **JoAnne Gregorich**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-773-2213**

Study Area Code of Reporting Carrier

351222

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, 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: **LEHIGH VALLEY COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: Jim Suchan	Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop. tel. assn.,l=Lehigh IA 50557-0137, Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Jim Suchan**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **515-359-2211**

Study Area Code of Reporting Carrier	351225		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LONE ROCK COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Dan Meyer**
Digitally signed by Dan Meyer DN:cn=Dan Meyer,email=lonerock@netins.net,O=lone rock coop. tel. co.,l=Lone Rock IA 50559-0278, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Dan Meyer**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **515-925-3271**

Study Area Code of Reporting Carrier

351228

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, 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: **LOST NATION-ELWOOD TEL. CO.**

Signature of Authorized Officer or employee: **Jan Muhl**
Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood tel. co., Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Jan Muhl**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **563-678-2470**

Study Area Code of Reporting Carrier

351229

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					Northeast Iowa Telephone Company				
Signature of authorized officer						Date		May 17, 2018	
Printed name of authorized officer					David Byers				
Title or position of authorized officer					Chief Operating Officer				
Telephone number of authorized officer:					(563) 539-2122 ext.				
Study Area Code of Reporting Carrier			351230		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018		
<p>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.</p>									

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, 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: **LYNNVILLE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Christopher Ulmer**
Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=lynnville telephone company,l= , Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Christopher Ulmer**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **610-928-3903**

Study Area Code of Reporting Carrier

351232

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, 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: **FARMERS MUTUAL COOPERATIVE TEL CO (MANILLA)**

Signature of Authorized Officer or employee: **Thomas Conry**
Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tc@fmctc.com,O=farmers mutual cooperative tel co (manilla),l=Harlan IA 51537-0311, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Thomas Conry**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier

351235

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, 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: **MARNE & ELK HORN TEL. CO.**

Signature of Authorized Officer or employee: Janell Hansen	Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metcteam.com,O=marne & elk horn tel. co.,l=Elk Horn IA 51531, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Janell Hansen**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-764-6161**

Study Area Code of Reporting Carrier	351237		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MARTELLE COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Hans Arwine**
Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Hans Arwine**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-432-7221**

Study Area Code of Reporting Carrier

351238

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, 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: **MASSENA TEL. CO.**

Signature of Authorized Officer or employee: **Mike Klocke**
Digitally signed by Mike Klocke DN:cn=Mike Klocke,email=mike@massenatelephone.com,O=massena tel. co.,l=Massena IA 50853, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Mike Klocke**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-779-2227**

Study Area Code of Reporting Carrier

351239

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, 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: **MECHANICSVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Hans Arwine**
Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=mechanicsville tel. co.,l=Mechanicsville IA 52306, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Hans Arwine**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-432-7221**

Study Area Code of Reporting Carrier

351241

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				Miles Cooperative Telephone Association	
Signature of authorized officer				Date	05/29/2018
Printed name of authorized officer				Scott Boehde	
Title or position of authorized officer				Compliance Officer/General Manager	
Telephone number of authorized officer:				(563) 682-7111 ext.	
Study Area Code of Reporting Carrier		351242	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, 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: **MINBURN TEL. CO.**

Signature of Authorized Officer or employee: **Debra Lucht**
Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel. co.,l=Minburn IA 50167, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Debra Lucht**

Title or position of Authorized Officer or employee: **General Manager/Assistant Secretary**

Telephone number of Authorized Officer or employee: **515-677-2264**

Study Area Code of Reporting Carrier

351245

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, 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: **MINERVA VALLEY TEL. CO., INC.**

Signature of Authorized Officer or employee: Levi Bappe	Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvity@netins.net,O=minerva valley tel. co., inc.,l=Zearing IA 50278-0176, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Levi Bappe**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-487-7399**

Study Area Code of Reporting Carrier	351246		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MODERN COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Jeffrey Brower**
Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop. tel. co.,l=South English IA 52335, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Jeffrey Brower**

Title or position of Authorized Officer or employee: **General Manager/COO**

Telephone number of Authorized Officer or employee: **319-667-2375**

Study Area Code of Reporting Carrier	351247		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MUTUAL TEL. CO. OF MORNING SUN**

Signature of Authorized Officer or employee: **Randy Foor**
Digitally signed by Randy Foor DN:cn=Randy Foor,email=rdf@mutel.com,O=mual tel. co. of morning sun,l=Morning Sun IA 52640, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Randy Foor**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **319-868-7636**

Study Area Code of Reporting Carrier	351250		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MEDIAPOLIS TEL. CO.**

Signature of Authorized Officer or employee: **Angie Rupe**
Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel. co.,l=Mediapolis IA 52637, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Angie Rupe**

Title or position of Authorized Officer or employee: **Office Manager & CFO**

Telephone number of Authorized Officer or employee: **319-394-3456**

Study Area Code of Reporting Carrier	351251		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NORTH ENGLISH COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Reed Ostenberg**
Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop. tel. co.,=North English IA 52316, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Reed Ostenberg**

Title or position of Authorized Officer or employee: **COO**

Telephone number of Authorized Officer or employee: **319-664-3821**

Study Area Code of Reporting Carrier	351257		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NORTHWEST IOWA TELEPHONE, LLC**

Signature of Authorized Officer or employee: **Paul Bergmann**
Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=paul.bergmann@longlines.biz,O=northwest iowa telephone, llc,l=Sergeant Bluff IA 51054, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Paul Bergmann**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-271-5535**

Study Area Code of Reporting Carrier

351260

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, 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: **NORTHWEST TEL. COOP.**

Signature of Authorized Officer or employee: **Donald Miller**
Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel. coop.,l=Havelock IA 50546, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Donald Miller**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-776-2222**

Study Area Code of Reporting Carrier

351261

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, 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: **COMMUNICATIONS 1 NETWORK, INC.**

Signature of Authorized Officer or employee: **Randy Yeakel**
Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=communications 1 network, inc.,l=Kanawha IA 50447, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Randy Yeakel**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **641-762-3772**

Study Area Code of Reporting Carrier	351262		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **OGDEN TEL. CO.-IA**

Signature of Authorized Officer or employee: James Heckman	Digitally signed by James Heckman DN:cn=James Heckman,email=ogdenteljim@netins.net,O=ogden tel. co.-ia, Ogden IA 50212, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **James Heckman**

Title or position of Authorized Officer or employee: **General Manager / Executive VP**

Telephone number of Authorized Officer or employee: **515-275-2050**

Study Area Code of Reporting Carrier	351263		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **OLIN TEL. CO., INC.**

Signature of Authorized Officer or employee: Frank Wood	Digitally signed by Frank Wood DN:cn=Frank Wood,email=olintel@netins.net,O=olin tel. co., inc.,I=Olin IA 52320-0130, Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Frank Wood**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **319-484-2200**

Study Area Code of Reporting Carrier	351264		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ONSLow COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Russ Benke**
Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=onslow coop. tel. assn.,l=Onslow IA 52321, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Russ Benke**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-485-2833**

Study Area Code of Reporting Carrier

351265

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, 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: **ORAN MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Barb Gruetzmacher**
Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel. co.,l= , Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Barb Gruetzmacher**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **319-638-6006**

Study Area Code of Reporting Carrier

351266

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				Palo Cooperative Telephone Association			
Signature of authorized officer			Date		5/29/18		
Printed name of authorized officer				Mark Harvey			
Title or position of authorized officer				GM			
Telephone number of authorized officer				319 1851 3431			
Study Area Code of Reporting Carrier		351269		Filing Due Date for this form (mm/dd/yyyy)		6/19/2018	
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, 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: **PALMER MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Andy Peterson**
Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel. co.,l=Palmer IA 50571, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Andy Peterson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-359-2411**

Study Area Code of Reporting Carrier

351270

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, 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: **PANORA COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Andrew Randol**
Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora communications cooperative,I=Panora IA 50216, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Andrew Randol**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **641-755-2424**

Study Area Code of Reporting Carrier

351271

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, 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: **PEOPLES TEL. CO.-IA**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel. co.-ia,j= , Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier

351273

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, 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: **PRAIRIEBURG TEL. CO., INC.**

Signature of Authorized Officer or employee: LaRae Reichenauer	Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel. co., inc.,l= , Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **LaRae Reichenauer**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **319-437-3611**

Study Area Code of Reporting Carrier	351275		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Preston Telephone Company	
Signature of authorized officer		<i>Roger A. Killburg, Sec. Treas.</i>		Date	5/24/18
Printed name of authorized officer		Roger A. Killburg			
Title or position of authorized officer		Secretary Treasurer			
Telephone number of authorized officer:		(563) 689-3811			
Study Area Code of Reporting Carrier	351276	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, 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: **RADCLIFFE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Edwin Drake**
Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@radcliffetelephone.com,O=radcliffe tel. co., inc.,j=Radcliffe IA 50230-0140, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Edwin Drake**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **515-899-2341**

Study Area Code of Reporting Carrier	351277		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **RINGSTED TEL. CO.**

Signature of Authorized Officer or employee: Aaron McCartan	Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel. co.,l=Ringsted IA 50578, Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Aaron McCartan**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **712-866-8000**

Study Area Code of Reporting Carrier	351280		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ROCKWELL COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: David Severin	Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop. tel. assn.,l=Rockwell IA 50469, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **David Severin**

Title or position of Authorized Officer or employee: **General Mgr/Assist Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **641-822-3212**

Study Area Code of Reporting Carrier	351282		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ROYAL TEL. CO.**

Signature of Authorized Officer or employee: **John Noah**
Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel. co.,l=Royal IA 51357, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **John Noah**

Title or position of Authorized Officer or employee: **General Manager/CCO**

Telephone number of Authorized Officer or employee: **712-933-2615**

Study Area Code of Reporting Carrier

351283

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				River Valley Telecommunications Coop	
Signature of authorized officer		<i>Pam Studer</i>		Date	5/18/18
Printed name of authorized officer		Pam Studer			
Title or position of authorized officer		Secretary			
Telephone number of authorized officer:		7128953300 ext.			
Study Area Code of Reporting Carrier		351284	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, 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: SAC COUNTY MUTUAL TEL. CO.

Signature of Authorized Officer or employee: Ronald Sorensen	Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual tel. co.,l=Odebolt IA 51458, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Ronald Sorensen**

Title or position of Authorized Officer or employee: **Compliance Officer**

Telephone number of Authorized Officer or employee: **712-668-2200**

Study Area Code of Reporting Carrier	351285		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SCHALLER TEL. CO.**

Signature of Authorized Officer or employee: **Missy Kestel**
Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel. co.,l=Schaller IA 51053, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Missy Kestel**

Title or position of Authorized Officer or employee: **Accounting General Manager**

Telephone number of Authorized Officer or employee: **712-275-4211**

Study Area Code of Reporting Carrier

351291

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, 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: **SEARSBORO TEL. CO.**

Signature of Authorized Officer or employee: **Christopher Ulmer**
Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=searsboro tel. co.,l=, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Christopher Ulmer**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **610-928-3903**

Study Area Code of Reporting Carrier

351292

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, 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: **SHARON TEL. CO.**

Signature of Authorized Officer or employee: Robert Schneider, Jr.	Digitally signed by Robert Schneider, Jr. DN:cn=Robert Schneider, Jr.,email=sharontc@sharontc.net,O=sharon tel. co.,l=Hills IA 52235, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Robert Schneider, Jr.**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **319-679-2211**

Study Area Code of Reporting Carrier	351293		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SCRANTON TEL. CO.**

Signature of Authorized Officer or employee: **Allen Jacob**

Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel. co.,l=Scranton IA 51462, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Allen Jacob**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **712-652-3355**

Study Area Code of Reporting Carrier

351294

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, 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: **HEART OF IOWA COMM.**

Signature of Authorized Officer or employee: **Bryan Amundson**
Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa comm.,l=Union IA 50258-0130, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Bryan Amundson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-486-2211**

Study Area Code of Reporting Carrier	351297		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SOUTH SLOPE COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Chuck Deisbeck**
Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop. tel. co.,l=North Liberty IA 52317, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Chuck Deisbeck**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **319-626-2211**

Study Area Code of Reporting Carrier

351298

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, 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: **FMTC-I35, INC. (SWT)**

Signature of Authorized Officer or employee: **Josh Hveem**
Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=fmtc-i35, inc. (swt),l=Truro IA 50257, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Josh Hveem**

Title or position of Authorized Officer or employee: **COO**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier

351301

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, 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: **SPRINGVILLE COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Jean Schilling**
Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvl@netins.net,O=springville coop. tel. assn.,l=Springville IA 52336-0009, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Jean Schilling**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **319-854-6107**

Study Area Code of Reporting Carrier	351302		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Cooperative Telephone Exchange				
Signature of authorized officer				<i>Marvin Ness</i>		Date		5/17/2018	
Printed name of authorized officer				Marvin Ness					
Title or position of authorized officer				President					
Telephone number of authorized officer: (515) 826-3206									
Study Area Code of Reporting Carrier			351303		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					Cooperative Telephone Exchange				
Signature of authorized officer				<i>Marvin Ness</i>		Date		7/5/2018	
Printed name of authorized officer					Marvin Ness				
Title or position of authorized officer					President				
Telephone number of authorized officer: (515) 826-3206									
Study Area Code of Reporting Carrier			351303		Filing Due Date for this form (mm/dd/yyyy)		July 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, 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: **SOUTH SLOPE COOP TEL CO-SWISHER**

Signature of Authorized Officer or employee: **Chuck Deisbeck**
Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop tel co-swisher,l=North Liberty IA 52317, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Chuck Deisbeck**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **319-626-2211**

Study Area Code of Reporting Carrier	351304		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **STRATFORD MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: Jen Frank	Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel. co.,l=Stratford IA 50249, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Jen Frank**

Title or position of Authorized Officer or employee: **Assistant Secretary/Office Manager**

Telephone number of Authorized Officer or employee: **515-838-2390**

Study Area Code of Reporting Carrier	351305		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SULLY TEL. ASSOC.**

Signature of Authorized Officer or employee: Earl "Jack" De Angelo	Digitally signed by Earl "Jack" De Angelo DN:cn=Earl "Jack" De Angelo,email=jackd@sullytel.com,O=sully tel. assoc.,l=Sully IA 50251, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Earl "Jack" De Angelo**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-594-2905**

Study Area Code of Reporting Carrier	351306		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SUPERIOR TEL. COOP.**

Signature of Authorized Officer or employee: **Cheryl Noble**
Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel. coop.,l=Superior IA 51363, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Cheryl Noble**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **712-858-4591**

Study Area Code of Reporting Carrier

351307

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			
<p>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).</p>			
Name of Reporting Carrier Templeton Telephone Company			
Signature of authorized officer <i>Patricia Snyder</i>		Date	5/17/2018
Printed name of authorized officer Patricia Snyder			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (712) 669-3311			
Study Area Code of Reporting Carrier	351308	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
<p>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.</p>			

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, 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: **TERRIL TELEPHONE COOPERATIVE**

Signature of Authorized Officer or employee: **John Noah**
Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril telephone cooperative,l=Terril IA 51364, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **John Noah**

Title or position of Authorized Officer or employee: **General Manager/CCO**

Telephone number of Authorized Officer or employee: **712-853-1300**

Study Area Code of Reporting Carrier

351309

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

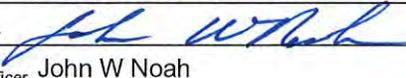
6/18/2018

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				Terril Telephone Cooperative	
Signature of authorized officer				Date	07-09-2018
Printed name of authorized officer		John W Noah			
Title or position of authorized officer		CCO			
Telephone number of authorized officer:		(712) 853-6121 ext.			
Study Area Code of Reporting Carrier	351309	Filing Due Date for this form (mm/dd/yyyy)	July 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, 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: **TITONKA TEL. CO. DBA TITONKA-BURT COMM**

Signature of Authorized Officer or employee: **Aaron McCartan**
Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@tbctel.com,O=titonka tel. co. dba titonka-burt comm,l=Titonka IA 50480-0321, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Aaron McCartan**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **515-928-2110**

Study Area Code of Reporting Carrier	351310		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **UNITED FARMERS TEL. CO.**

Signature of Authorized Officer or employee: Roxanne White	Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel. co.,l=Everly IA 51338, Date:5/30/2018	Date: 5/30/2018
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Printed name of Authorized Officer or employee: **Roxanne White**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **712-834-2211**

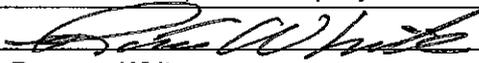
Study Area Code of Reporting Carrier	351316		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				United Farmers Telephone Company	
Signature of authorized officer				Date	07/10/18
Printed name of authorized officer		Roxanne White			
Title or position of authorized officer		Executive VP			
Telephone number of authorized officer: (712) 834-0220					
Study Area Code of Reporting Carrier	351316	Filing Due Date for this form (mm/dd/yyyy)	July 2018		
<p>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.</p>					

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, 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: **VAN BUREN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Kevin Hranicka**
Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel. co., inc.,l=Keosauqua IA 52565-0430, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Kevin Hranicka**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **319-293-3187**

Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **VAN HORNE COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Kerry Less**
Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop. tel. co.,l=Van Horne IA 52346-0096, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Kerry Less**

Title or position of Authorized Officer or employee: **CFO - Chief Financial Officer**

Telephone number of Authorized Officer or employee: **319-228-8791**

Study Area Code of Reporting Carrier	351320		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **VENTURA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Thomas Lovell**
Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel. co., inc.,l=Clear Lake IA 50428-0066, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Thomas Lovell**

Title or position of Authorized Officer or employee: **General Manager/Vice President**

Telephone number of Authorized Officer or employee: **641-357-2111**

Study Area Code of Reporting Carrier	351322		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA**

Signature of Authorized Officer or employee: **Kevin Cabbage**
Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmcnet.com,O=farmers mutual telephone co. of stanton, iowa,l=Stanton IA 51573-0220, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Kevin Cabbage**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-829-2111**

Study Area Code of Reporting Carrier

351324

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				Farmers Mutual Telephone Company of Stanton, IA	
Signature of authorized officer		<i>Kevin T. Cabbage</i>		Date	7/9/2018
Printed name of authorized officer		Kevin T. Cabbage			
Title or position of authorized officer		GM/CEO			
Telephone number of authorized officer:		(712) 829-2111 ext.			
Study Area Code of Reporting Carrier		351324	Filing Due Date for this form (mm/dd/yyyy)	July 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, 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: **WALNUT TEL. CO.**

Signature of Authorized Officer or employee: **Janell Hansen**
Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=walnut tel. co.,l=Walnut IA 51577, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Janell Hansen**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-784-2211**

Study Area Code of Reporting Carrier	351326		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WEBSTER-CALHOUN COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Daryl Carlson**
Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop. tel. assn.,l=Gowrie IA 50543-0475, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Daryl Carlson**

Title or position of Authorized Officer or employee: **Executive Vice President/General Manager**

Telephone number of Authorized Officer or employee: **515-352-3151**

Study Area Code of Reporting Carrier	351328		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WELLMAN COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: Jayne Hochstedler	Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop.tel. assn.,l=Wellman IA 52356-0170, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Jayne Hochstedler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **319-646-6075**

Study Area Code of Reporting Carrier	351329		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WEST IOWA TEL. CO.**

Signature of Authorized Officer or employee: Robert Gannon <small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel. co.,l=Remsen IA 51050-0330, Date:5/16/2018</small>	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Robert Gannon**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-786-5572**

Study Area Code of Reporting Carrier	351331		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WEST LIBERTY TEL. CO.**

Signature of Authorized Officer or employee: Vicki Hall	Digitally signed by Vicki Hall DN:cn=Vicki Hall,email=hall@corp.lcom.net,O=west liberty tel. co.,l= , Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Vicki Hall**

Title or position of Authorized Officer or employee: **Financial Controller**

Telephone number of Authorized Officer or employee: **319-627-0226**

Study Area Code of Reporting Carrier	351332		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WESTERN IOWA TEL. ASSN.**

Signature of Authorized Officer or employee: Heath Mallory	Digitally signed by Heath Mallory DN:cn=Heath Mallory,email=heath.mallory@wiatel.com,O=western iowa tel. assn.,l=Lawton IA 51030-0038, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Heath Mallory**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-944-5711**

Study Area Code of Reporting Carrier	351334		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WESTSIDE INDP. TEL. CO.**

Signature of Authorized Officer or employee: Kevin Skinner	Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Kevin Skinner**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-2311**

Study Area Code of Reporting Carrier	351335		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WILTON TEL. CO.**

Signature of Authorized Officer or employee: **Stacie Harris**
Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilton tel. co.,l=Wilton IA 52778-0970, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Stacie Harris**

Title or position of Authorized Officer or employee: **General Manager/CFO**

Telephone number of Authorized Officer or employee: **563-732-3000**

Study Area Code of Reporting Carrier	351336		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WOOLSTOCK MUT. TEL. ASSN.**

Signature of Authorized Officer or employee: **Chris Simmons**
Digitally signed by Chris Simmons DN:cn=Chris Simmons,email=chris@wmtel.net,O=woolstock mut. tel. assn., Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Chris Simmons**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **515-839-5571**

Study Area Code of Reporting Carrier	351342		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WYOMING MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: Debra Williams	Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel. co.,l=Wyoming IA 52362, Date:5/22/2018	Date: 5/22/2018
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Printed name of Authorized Officer or employee: **Debra Williams**

Title or position of Authorized Officer or employee: **Office Manager/Board Secretary**

Telephone number of Authorized Officer or employee: **563-488-2535**

Study Area Code of Reporting Carrier	351343		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PRAIRIE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Kevin Skinner**
Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=prairie tel. co., inc.,l=Breda IA 51436-0109, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Kevin Skinner**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-2311**

Study Area Code of Reporting Carrier

351344

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, 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: **ALLIANCE COMM. COOPERATIVE, INC.-HILLS IA**

Signature of Authorized Officer or employee: **Kari Flanagan**
Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,|=Garretson SD 57030, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier	351405		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **KILLDUFF TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Christopher Ulmer**
Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=killduff telephone company,l= , Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Christopher Ulmer**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **610-928-3903**

Study Area Code of Reporting Carrier

351407

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, 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: **MABEL COOP. TEL. CO.-IA**

Signature of Authorized Officer or employee: Julie Kolka <small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop. tel. co.-ia,I=Mabel MN 55954, Date:5/21/2018</small>	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Julie Kolka**

Title or position of Authorized Officer or employee: **Interim General Manager**

Telephone number of Authorized Officer or employee: **507-493-5411**

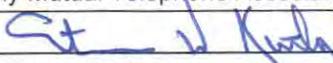
Study Area Code of Reporting Carrier	351424		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

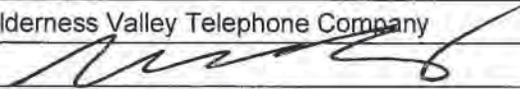
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Albany Mutual Telephone Association	
Signature of authorized officer				Date	5-22-18
Printed name of authorized officer		Steven W. Katka			
Title or position of authorized officer		CEO/General Manager			
Telephone number of authorized officer:		(320) 845-2101 ext.			
Study Area Code of Reporting Carrier	361347	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)(vi).

Name of Reporting Carrier: Wilderness Valley Telephone Company			
Signature of authorized officer: 		Date:	5/24/2018
Printed name of authorized officer: Shane Young			
Title or position of authorized officer: President			
Telephone number of authorized officer: (218) 777-1100 ext.			
Study Area Code of Reporting Carrier	361348	Filing Due Date for this form (mm/dd/yyyy)	5/18/2018
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, 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: **CITY OF BARNESVILLE TEL. CO.**

Signature of Authorized Officer or employee: Guy Swenson	Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=gswenson@bvillemn.net,O=city of barnesville tel. co.,l=Barnesville MN 56514, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Guy Swenson**

Title or position of Authorized Officer or employee: **TEC Manager**

Telephone number of Authorized Officer or employee: **218-354-2292**

Study Area Code of Reporting Carrier	361353		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BENTON COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Cheryl Scapanski**
Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop. tel. co.,l= , Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Cheryl Scapanski**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **320-393-2115**

Study Area Code of Reporting Carrier	361356		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CALLAWAY TEL. CO.**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	361365		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CLARA CITY TEL. EXCH. CO.**

Signature of Authorized Officer or employee: Bruce Hanson <small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel. exch. co., Date:5/22/2018</small>	Date: 5/22/2018
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Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	361370		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CLEMENTS TEL. CO.**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel. co.,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	361372		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CONSOLIDATED TEL. CO.-MN**

Signature of Authorized Officer or employee: Mark Roach	Digitally signed by Mark Roach DN:cn=Mark Roach,email=mark.roach@ctctelcom.net,O=consolidated tel. co.-mn,=Brainerd MN 56401, Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Mark Roach**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-454-1104**

Study Area Code of Reporting Carrier	361373		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DUNNELL TEL. CO., INC.**

Signature of Authorized Officer or employee: **Charles Mattingly**
Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=dunnell tel. co., inc.,l=Judson TX 75660, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Charles Mattingly**

Title or position of Authorized Officer or employee: **Managing Member**

Telephone number of Authorized Officer or employee: **903-663-0099**

Study Area Code of Reporting Carrier	361381		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Eckles Telephone Company	
Signature of authorized officer			Date		5/24/18
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		361386	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
<p>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.</p>					

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				Eckles Telephone Company	
Signature of authorized officer		<i>William Eckles</i>		Date	7/10/2018
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	361386	Filing Due Date for this form (mm/dd/yyyy)	July 2018		
<p>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.</p>					

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, 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: **EMILY COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Josh Netland**
Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Josh Netland**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **218-763-3000**

Study Area Code of Reporting Carrier	361387		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **FARMERS MUTUAL TEL. CO.-BELLINGHAM**

Signature of Authorized Officer or employee: **Kevin Beyer**
Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel. co.-bellingham,= , Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Kevin Beyer**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **320-568-2105**

Study Area Code of Reporting Carrier

361389

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, 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: **FEDERATED TEL. COOP.**

Signature of Authorized Officer or employee: **Kevin Beyer**
Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Kevin Beyer**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **320-324-7111**

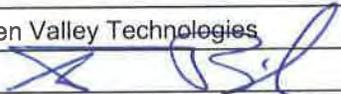
Study Area Code of Reporting Carrier	361390		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Dupllicative 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 dupllicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Garden Valley Technologies				
Signature of authorized officer 			Date	May 22, 2018
Printed name of authorized officer Tim Brinkman				
Title or position of authorized officer CEO/General Manager				
Telephone number of authorized officer: (218) 687-2400 200				
Study Area Code of Reporting Carrier	361395		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. §§ 602, 603(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, 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: **GARDONVILLE COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **David Wolf**
Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop. tel. assn., Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **David Wolf**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **320-524-2211**

Study Area Code of Reporting Carrier	361396		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HALSTAD TEL. CO.**

Signature of Authorized Officer or employee: **Mark Forseth**
Digitally signed by Mark Forseth DN:cn=Mark Forseth, email=markforseth@rrv.net, O=halstad tel. co., l=Halstad MN 56548-0055, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Mark Forseth**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **218-456-2125**

Study Area Code of Reporting Carrier

361401

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, 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: **FEDERATED TELEPHONE COOPERATIVE**

Signature of Authorized Officer or employee: **Kevin Beyer**
Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated telephone cooperative,l=Chokio MN 56221, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Kevin Beyer**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **320-324-7111**

Study Area Code of Reporting Carrier	361403		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HARMONY TEL. CO.**

Signature of Authorized Officer or employee: Jill Fishbauger <small>Digitally signed by Jill Fishbauger DN:cn=Jill Fishbauger,email=jill@harmonytel.com,O=harmony tel. co.,l=Harmony MN 55939-0308, Date:5/21/2018</small>	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Jill Fishbauger**

Title or position of Authorized Officer or employee: **VP of Operations**

Telephone number of Authorized Officer or employee: **507-886-2525**

Study Area Code of Reporting Carrier	361404		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ALLIANCE COMM. COOPERATIVE, INC.-HILLS MN**

Signature of Authorized Officer or employee: Kari Flanagan	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills mn,l=Garretson SD 57030, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier	361405		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HOME TEL. CO.-MN**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel. co.-mn,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	361408		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: HUTCHINSON TELEPHONE COMPANY

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson telephone company, Date:5/21/2018

Date: 5/21/2018

Printed name of Authorized Officer or employee: Curt Kawlewski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 507-233-4172

Study Area Code of Reporting Carrier	361409		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Hutchinson Telephone Company			
Signature of authorized officer			<i>Curtis Kawlewski</i>		Date		7-9-18
Printed name of authorized officer			Curtis Kawlewski				
Title or position of authorized officer			Chief Financial Officer				
Telephone number of authorized officer: (507) 233-4172 ext.							
Study Area Code of Reporting Carrier			361409		Filing Due Date for this form (mm/dd/yyyy)		July 2018
<p>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.</p>							

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				Johnson Telephone Company			
Signature of authorized officer:			<i>Dwayne Johnson</i>		Date		5-25-2018
Printed name of authorized officer:				Dwayne Johnson			
Title or position of authorized officer:				Vice President			
Telephone number of authorized officer:				(218) 566-2302			
Study Area Code of Reporting Carrier		361410		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, 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: **KASSON & MANTORVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Beth Tollefson**
Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson & mantorville tel. co., Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Beth Tollefson**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-634-2511**

Study Area Code of Reporting Carrier	361412		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LISMORE COOPERATIVE TELEPHONE CO.**

Signature of Authorized Officer or employee: **Tarri Joens**
Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretel.com,O=lismore cooperative telephone co.,l=Lismore MN 56155-0127, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Tarri Joens**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **507-472-8748**

Study Area Code of Reporting Carrier

361419

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, 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: **LONSDALE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Bonnie Simon**
Digitally signed by Bonnie Simon DN:cn=Bonnie Simon,email=bsimon@lonsdaletel.com,O=lonsdale telephone company,l=Lonsdale MN 55046, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Bonnie Simon**

Title or position of Authorized Officer or employee: **President & Secretary**

Telephone number of Authorized Officer or employee: **507-744-2311**

Study Area Code of Reporting Carrier	361422		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier Runestone Telephone Association</p>					
<p>Signature of authorized officer <i>John M. Kappahn</i></p>			<p>Date</p>	<p>5/21/2018</p>	
<p>Printed name of authorized officer John M Kappahn</p>					
<p>Title or position of authorized officer Secretary/Treasurer</p>					
<p>Telephone number of authorized officer: (320) 986-2013 <small>ext.</small></p>					
<p>Study Area Code of Reporting Carrier</p>		<p>361423</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/18/2018</p>	
<p>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.</p>					

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, 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: **MABEL COOPERATIVE TELEPHONE CO.- MN**

Signature of Authorized Officer or employee: **Julie Kolka**
Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel cooperative telephone co.- mn,|=Mabel MN 55954, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Julie Kolka**

Title or position of Authorized Officer or employee: **Interim General Manager**

Telephone number of Authorized Officer or employee: **507-493-5411**

Study Area Code of Reporting Carrier	361424		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CHRISTENSEN COMMUNICATIONS COMPANY**

Signature of Authorized Officer or employee: Brent Christensen	Digitally signed by Brent Christensen DN:cn=Brent Christensen,email=brentc@chriscomco.net,O=christensen communications company, Inc., Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Brent Christensen**

Title or position of Authorized Officer or employee: **Vice President/COO**

Telephone number of Authorized Officer or employee: **507-642-5514**

Study Area Code of Reporting Carrier	361425		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Manchester-Hartland Telephone Company	
Signature of authorized officer		<i>Steve Bakken</i>		Date	5/21/2018
Printed name of authorized officer		Steve Bakken			
Title or position of authorized officer		Secretary			
Telephone number of authorized officer:		(507) 826-3212 ext.			
Study Area Code of Reporting Carrier	361426	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, 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: **MELROSE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Staci Malikowski	Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose telephone company, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	361430		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MIDWEST TEL. CO.**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel. co.,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361431

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, 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: **MINNESOTA VALLEY TEL. CO. INC.**

Signature of Authorized Officer or employee: Danny Busche	Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=minnesota valley tel. co. inc.,=Franklin MN 55333, Date:5/22/2018	Date: 5/22/2018
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Printed name of Authorized Officer or employee: **Danny Busche**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **507-557-2275**

Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NEW ULM TELECOM, INC.**

Signature of Authorized Officer or employee: Curt Kawlewski	Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc., Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier	361442		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 New Ulm Telecom, Inc.				
Signature of authorized officer <i>Curtis Kawlewski</i>		Date	7-9-18	
Printed name of authorized officer Curtis Kawlewski				
Title or position of authorized officer Chief Financial Officer				
Telephone number of authorized officer: (507) 233-4172				
Study Area Code of Reporting Carrier 361442		Filing Due Date for this form (mm/dd/yyyy)	July 2018	
<p>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.</p>				

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, 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: **LORETEL SYSTEMS, INC.**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc.,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361443

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, 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: **PARK REGION MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Dave Bickett**
Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Dave Bickett**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier	361450		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PAUL BUNYAN RURAL TEL. COOP.**

Signature of Authorized Officer or employee: Dave Schultz <small>Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural tel. coop.,l= , Date:5/24/2018</small>	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Dave Schultz**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-444-1141**

Study Area Code of Reporting Carrier	361451		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **REDWOOD COUNTY TEL. CO.**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel. co., Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361472

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, 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: **ROTHSAY TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Dave Bickett**
Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=rothsay telephone company inc.,l=Underwood MN 56586-0277, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Dave Bickett**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier

361474

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				Runestone Telephone Association			
Signature of authorized officer			<i>John M Kapphahn</i>		Date		5/21/2018
Printed name of authorized officer				John M Kapphahn			
Title or position of authorized officer				Secretary/Treasurer			
Telephone number of authorized officer: (320) 986-2013 ext.							
Study Area Code of Reporting Carrier			361475		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, 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: **SACRED HEART TEL. CO.**

Signature of Authorized Officer or employee: Bruce Hanson	Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel. co.,l=, Date:5/22/2018	Date: 5/22/2018
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Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

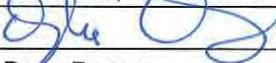
Study Area Code of Reporting Carrier	361476		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Scott Rice Telephone dba Integra Telecom	
Signature of authorized officer				Date	05/25/2018
Printed name of authorized officer		Doug Denney			
Title or position of authorized officer		Vice President Costs & Policy			
Telephone number of authorized officer:		(360) 558-4318 ext.			
Study Area Code of Reporting Carrier	361479	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		
<p>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.</p>					

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, 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: **SLEEPY EYE TEL. CO.**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel. co.,l= , Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier	361483		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SPRING GROVE COMMUNICATIONS**

Signature of Authorized Officer or employee: Bruce Hegge	Digitally signed by Bruce Hegge DN:cn=Bruce Hegge,email=manager@springgrove.coop,O=spring grove communications,I=Spring Grove MN 55974-0516, Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Bruce Hegge**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **507-498-3456**

Study Area Code of Reporting Carrier	361485		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **STARBUCK TEL. CO.**

Signature of Authorized Officer or employee: **Bruce Hanson**
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel. co.,l= , Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	361487		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **UPSALA COOPERATIVE TELEPHONE ASSN.**

Signature of Authorized Officer or employee: **Tony Gebhard**
Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala cooperative telephone assn.,l=Upsala MN 56384, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Tony Gebhard**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **320-573-1390**

Study Area Code of Reporting Carrier

361494

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, 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 TEL. CO.-MN**

Signature of Authorized Officer or employee: **Dave Bickett**
Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=valley tel. co.-mn,|=Underwood MN 56586-0277, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Dave Bickett**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier

361495

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, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **TRI-CO TECHNOLOGIES, LLC DBA CROSSLAKE COMM.**

Signature of Authorized Officer or employee: **Josh Netland**
Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=tri-co technologies, llc dba crosslake comm.,l=Emily MN 56447, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Josh Netland**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **218-763-3000**

Study Area Code of Reporting Carrier	361499		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Northern Telephone Company	
Signature of authorized officer			Date		5/24/2018
Printed name of authorized officer					
Shane Young					
Title or position of authorized officer					
President					
Telephone number of authorized officer: (218) 488-6565					
Study Area Code of Reporting Carrier		361500	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
<p>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.</p>					

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					West Central Telephone Assn				
Signature of authorized officer				<i>Chad Bullock</i>		Date		05/24/18	
Printed name of authorized officer					Chad Bullock				
Title or position of authorized officer					CEO/GM				
Telephone number of authorized officer:					(218) 837-5151 ext.				
Study Area Code of Reporting Carrier			361501		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018		
<p>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.</p>									

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, 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: **WESTERN TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western telephone company, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier

361502

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

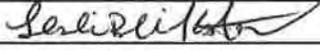
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Western Telephone Company				
Signature of authorized officer <i>Curtis Kawlewski</i>		Date	7-9-18	
Printed name of authorized officer Curtis Kawlewski				
Title or position of authorized officer Chief Financial Officer				
Telephone number of authorized officer: (507) 233-4172 ext.				
Study Area Code of Reporting Carrier 361502		Filing Due Date for this form (mm/dd/yyyy)	July 2018	
<p>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.</p>				

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				Wikstrom Telephone Co Inc.	
Signature of authorized officer				Date	
				5/24/18	
Printed name of authorized officer				Leslie B. Wikstrom	
Title or position of authorized officer				Vice President	
Telephone number of authorized officer:				(218) 436-2121 ext.	
Study Area Code of Reporting Carrier		361505	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
<p>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.</p>					

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, 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: **WINTHROP TEL. CO.**

Signature of Authorized Officer or employee: Danny Busche	Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=winthrop tel. co.,l=Franklin MN 55333, Date:5/22/2018	Date: 5/22/2018
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Printed name of Authorized Officer or employee: **Danny Busche**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **507-557-2275**

Study Area Code of Reporting Carrier	361508		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 Winthrop Telephone Company			
Signature of authorized officer	<i>Danny L. Busche</i>		Date 7/6/2018
Printed name of authorized officer Danny L. Busche			
Title or position of authorized officer Sec.-Treas.			
Telephone number of authorized officer: (507) 647-5395			
Study Area Code of Reporting Carrier	361508	Filing Due Date for this form (mm/dd/yyyy)	July 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, 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: **WOODSTOCK TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Terry Nelson**
Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock telephone company,l=Ruthon MN 56170, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Terry Nelson**

Title or position of Authorized Officer or employee: **Operations Manager**

Telephone number of Authorized Officer or employee: **507-658-3830**

Study Area Code of Reporting Carrier

361510

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

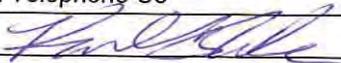
6/18/2018

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 Wolverton Telephone Co				
Signature of authorized officer 		Date	5/18/2018	
Printed name of authorized officer Karl Blake				
Title or position of authorized officer Executive Vice President				
Telephone number of authorized officer: (701) 284-7221 <small>, ext.</small>				
Study Area Code of Reporting Carrier	361512	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, 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: **ZUMBROTA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Bruce Hanson**
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota telephone company,l= , Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	361515		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **INTERSTATE TELECOMMUNICATIONS COOP., INC.-MN**

Signature of Authorized Officer or employee: **Tracy Bandemer**
Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecommunications coop., inc.-mn,l=Clear Lake SD 57226-0920, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Tracy Bandemer**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-874-2181**

Study Area Code of Reporting Carrier	361654		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ARAPAHOE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **John Koller**
Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe telephone company,l=Arapahoe NE 68922, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **John Koller**

Title or position of Authorized Officer or employee: **VP Operations**

Telephone number of Authorized Officer or employee: **308-962-7298**

Study Area Code of Reporting Carrier	371516		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ELSIE COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **David Shipley**
Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie communications, inc.,l=Colorado City CO 81019, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **866-542-6780**

Study Area Code of Reporting Carrier

371518

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, 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: **THREE RIVER TELCO**

Signature of Authorized Officer or employee: **Neil Classen**
Digitally signed by Neil Classen DN:cn=Neil Classen,email=neil@threeriver.net,O=three river telco,l=Lynch NE 68746-0066, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Neil Classen**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **402-569-2666**

Study Area Code of Reporting Carrier

371525

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

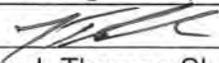
6/18/2018

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				Cambridge Telephone Company	
Signature of authorized officer				Date	5/17/2018
Printed name of authorized officer		J. Thomas Shoemaker			
Title or position of authorized officer		Executive Vice President			
Telephone number of authorized officer:		(308) 697-3333			
Study Area Code of Reporting Carrier		371526	Filing Due Date for this form (mm/dd/yyyy)	5/18/2018	
<p>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.</p>					

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, 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: **CONSOLIDATED TELCO, INC.**

Signature of Authorized Officer or employee:	Wendy Thompson Fast	Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/18/2018	Date: 5/18/2018

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier	371530		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CLARKS TELECOMMUNICATIONS CO.**

Signature of Authorized Officer or employee: **Patrick McElroy**
Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=clarks telecommunications co., Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Patrick McElroy**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **402-632-4321**

Study Area Code of Reporting Carrier

371531

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, 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: **COZAD TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Marcus Young	Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad telephone company, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Marcus Young**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **308-784-4044**

Study Area Code of Reporting Carrier	371534		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DALTON TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **David Shipley**
Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@ghvalley.net, O=dalton telephone company, inc., c=Colorado City CO 81019, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **866-542-6779**

Study Area Code of Reporting Carrier

371537

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, 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: **DILLER TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Loren Duerksen**
Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller telephone company,I=Diller NE 68342-0236, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Loren Duerksen**

Title or position of Authorized Officer or employee: **General Manager/Director of Operations**

Telephone number of Authorized Officer or employee: **402-793-5330**

Study Area Code of Reporting Carrier

371540

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, 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: **GLENWOOD TELEPHONE MEMBERSHIP CORP.**

Signature of Authorized Officer or employee: **Stanley Rouse**
Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood telephone membership corp.,l=Blue Hill NE 68930-0008, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Stanley Rouse**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **402-756-3131**

Study Area Code of Reporting Carrier

371553

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

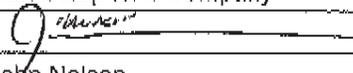
6/18/2018

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		Hamilton Telephone Company	
Signature of authorized officer		Date	5/21/2018
Printed name of authorized officer	John Nelson		
Title or position of authorized officer	First Vice President		
Telephone number of authorized officer:	(402) 694-5101		
Study Area Code of Reporting Carrier	371555	Filing Due Date for this form (mm/dd/yyyy)	5/18/2018
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

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, 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: **HARTINGTON TELECOMMUNICATIONS CO., INC.**

Signature of Authorized Officer or employee: **Mike Becker**
Digitally signed by Mike Becker DN:cn=Mike Becker,email=mbecker@hartel.net,O=hartington telecommunications co., inc.,l=Hartington NE 68739-0157, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Mike Becker**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **402-254-3901**

Study Area Code of Reporting Carrier

371556

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, 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: **HARTMAN TELEPHONE EXCHANGES INC.**

Signature of Authorized Officer or employee: **Linda McKain**
Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=hartman telephone exchanges inc.,l=Benkelman NE 69021, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Linda McKain**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **308-423-5607**

Study Area Code of Reporting Carrier

371557

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, 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: **HEMINGFORD COOP. TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Tonya Mayer**
Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop. telephone company,l=Hemingford NE 69348-0246, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Tonya Mayer**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **308-487-3311**

Study Area Code of Reporting Carrier

371558

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, 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: **HENDERSON CO-OP TELEPHONE COMPANY**

Signature of Authorized Officer or employee: James Mestl	Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henderson co-op telephone company,l=Henderson NE 68371, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **James Mestl**

Title or position of Authorized Officer or employee: **Board President**

Telephone number of Authorized Officer or employee: **402-723-4448**

Study Area Code of Reporting Carrier	371559		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HERSHEY COOPERATIVE TELEPHONE CO**

Signature of Authorized Officer or employee: **Rex Woolley**
Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey cooperative telephone co,l=Hershey NE 69143, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Rex Woolley**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **308-368-5561**

Study Area Code of Reporting Carrier

371561

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, 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: **HOOPER TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Robert Gannon**
Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper telephone company,l=Remsen IA 51050-0330, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Robert Gannon**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-786-5572**

Study Area Code of Reporting Carrier

371563

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, 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: **K & M TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: Thomas Magnuson	Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k & m telephone company inc.,l=Chambers NE 68725, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Thomas Magnuson**

Title or position of Authorized Officer or employee: **President/General Manager**

Telephone number of Authorized Officer or employee: **402-482-5800**

Study Area Code of Reporting Carrier	371565		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GLENWOOD NETWORK SERVICES, INC.**

Signature of Authorized Officer or employee: **Stanley Rouse**
Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood network services, inc.,=Blue Hill NE 68930-0008, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Stanley Rouse**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **402-756-3131**

Study Area Code of Reporting Carrier

371567

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, 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: **NEBRASKA CENTRAL TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Nancy
 McGregor-Jader**

Digitally signed by Nancy McGregor-Jader DN:cn=Nancy
 McGregor-Jader,email=njader@nctc.net,O=nebraska
 central telephone company,l=Gibbon NE 68840-0700,
 Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Nancy McGregor-Jader**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **308-468-6341**

Study Area Code of Reporting Carrier

371574

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, 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: **NORTHEAST NEBRASKA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Patrick McElroy**
Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=northeast nebraska telephone company, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Patrick McElroy**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **402-632-4321**

Study Area Code of Reporting Carrier

371576

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, 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: **PIERCE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Mary Bichlmeier**
Digitally signed by Mary Bichlmeier DN:cn=Mary Bichlmeier,email=maryb@piercetelphone.com,O=piercetelphone company,l=Pierce NE 68767-0113, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Mary Bichlmeier**

Title or position of Authorized Officer or employee: **Company Accountant**

Telephone number of Authorized Officer or employee: **402-329-6225**

Study Area Code of Reporting Carrier

371581

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, 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: **PLAINVIEW TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Eric Nye**
Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@plvwtelco.net,O=plainview telephone company inc.,l=Plainview NE 68769-0117, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Eric Nye**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-582-4242**

Study Area Code of Reporting Carrier

371582

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, 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: **SODTOWN TEL. CO.**

Signature of Authorized Officer or employee: **Mike Plautz**
Digitally signed by Mike Plautz DN:cn=Mike Plautz,email=secretary@sdntele.com,O=sodtown tel. co., Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Mike Plautz**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **308-467-2310**

Study Area Code of Reporting Carrier

371590

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, 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: **SOUTHEAST NEBRASKA COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Ray Joy**
Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=southeast nebraska communications, inc.,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Ray Joy**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **402-245-4451**

Study Area Code of Reporting Carrier

371591

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				Stanton Telecom, Inc.			
Signature of authorized officer			<i>Robert J. Paden</i>		Date		5-30-18
Printed name of authorized officer				Robert J. Paden			
Title or position of authorized officer				VP/GM			
Telephone number of authorized officer: 402 439-2264							
Study Area Code of Reporting Carrier		371592		Filing Date 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, 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: **WAUNETA TEL. CO.**

Signature of Authorized Officer or employee: **Linda McKain**
Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=wauneta tel. co.,l=Benkelman NE 69021, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Linda McKain**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **308-423-5607**

Study Area Code of Reporting Carrier

371597

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, 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: **BENKELMAN TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Linda McKain**
Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=benkelman telephone company inc.,l=Benkelman NE 69021, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Linda McKain**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **308-423-5607**

Study Area Code of Reporting Carrier

372455

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, 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: **NORTH DAKOTA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Shawna Senger**
Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota telephone company,l=Devils Lake ND 58301, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Shawna Senger**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **701-662-6428**

Study Area Code of Reporting Carrier

381447

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

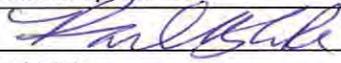
6/18/2018

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					Wolverton Telephone Co					
Signature of authorized officer							Date		5/18/2018	
Printed name of authorized officer				Karl Blake						
Title or position of authorized officer				Executive Vice President						
Telephone number of authorized officer:				(701) 284-7221 ext.						
Study Area Code of Reporting Carrier			381509		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018			
<p>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.</p>										

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, 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: **ABSARAKA COOP TELEPHONE CO.**

Signature of Authorized Officer or employee: **Ann Faught**
Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop telephone co.,l= , Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Ann Faught**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **701-896-3404**

Study Area Code of Reporting Carrier

381601

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				BEK Communications Cooperative	
Signature of authorized officer		<i>Brett Stroh</i>		Date	5/23/2018
Printed name of authorized officer				Brett Stroh	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(701) 475-2361	
Study Area Code of Reporting Carrier		381604	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

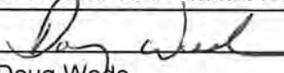
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Consolidated Telcom	
Signature of authorized officer		<i>Bill Schaller</i>		Date	May 18, 2018
Printed name of authorized officer		Bill Schaller			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(701) 483-4000 ext.			
Study Area Code of Reporting Carrier	381607	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				Dakota Central Telecommunications Cooperative/DCT I	
Signature of authorized officer				Date	May 24, 2018
Printed name of authorized officer		Doug Wede			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(701) 652-3184 Ext.			
Study Area Code of Reporting Carrier	381610	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		
<p>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.</p>					

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, 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: **DICKEY RURAL TEL COOP.**

Signature of Authorized Officer or employee: **Robert Johnson**
Digitally signed by Robert Johnson DN:cn=Robert Johnson,email=rjohnson@drtel.com,O=dickey rural tel coop.,l=Ellendale ND 58436, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Robert Johnson**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **701-344-6010**

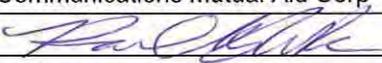
Study Area Code of Reporting Carrier	381611		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Polar Communications Mutual Aid Corp				
Signature of authorized officer						Date		5/18/2018	
Printed name of authorized officer				Karl Blake					
Title or position of authorized officer				CEO					
Telephone number of authorized officer:				(701) 284-7221 ext.					
Study Area Code of Reporting Carrier			381614		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018		
<p>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.</p>									

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, 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: **GRIGGS COUNTY TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Tyler Kilde**
Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@migc.net,O=griggs county telephone company,I=Enderlin ND 58027-0066, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Tyler Kilde**

Title or position of Authorized Officer or employee: **VP/GM**

Telephone number of Authorized Officer or employee: **701-437-3417**

Study Area Code of Reporting Carrier	381615		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **INTER-COMMUNITY TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Mark Johnson**
Digitally signed by Mark Johnson DN:cn=Mark Johnson,email=mjohnson@ictc.com,O=inter-community telephone company,l=Nome SD 58062, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Mark Johnson**

Title or position of Authorized Officer or employee: **GM/CEO/VP**

Telephone number of Authorized Officer or employee: **701-924-8815**

Study Area Code of Reporting Carrier	381616		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MIDSTATE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Ryan Wilhelmi**
Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate telephone company,l=Stanley ND 58784-0400, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Ryan Wilhelmi**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **701-628-2522**

Study Area Code of Reporting Carrier	381617		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GRIGGS COUNTY TEL. CO. (MOORE&LIBERTY)**

Signature of Authorized Officer or employee: **Tyler Kilde**
Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@migc.net,O=griggs county tel. co. (moore&liberty),l=Enderlin ND 58027-0066, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Tyler Kilde**

Title or position of Authorized Officer or employee: **VP/GM**

Telephone number of Authorized Officer or employee: **701-437-3417**

Study Area Code of Reporting Carrier

381622

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

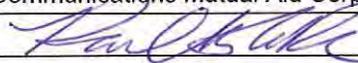
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier					Northwest Communications Coop						
Signature of authorized officer								Date		5/18/18	
Printed name of authorized officer					Jennifer Bingeman						
Title or position of authorized officer					CFO						
Telephone number of authorized officer:					(701) 568-8101						
Study Area Code of Reporting Carrier			381625		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018				
<p>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.</p>											

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					Polar Communications Mutual Aid Corp					
Signature of authorized officer						Date		5/18/2018		
Printed name of authorized officer				Karl Blake						
Title or position of authorized officer				CEO						
Telephone number of authorized officer:				(701) 284-7221 ext.						
Study Area Code of Reporting Carrier			381630		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, 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: **RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM**

Signature of Authorized Officer or employee:	Jeffrey Olson	Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@redrivercomm.com,O=red river rural tel. assn. dba red river comm, =Abercrombie ND 58001, Date:5/24/2018	Date: 5/24/2018

Printed name of Authorized Officer or employee: **Jeffrey Olson**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **701-553-8309**

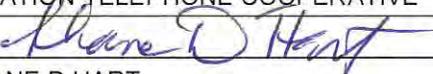
Study Area Code of Reporting Carrier	381631		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				RESERVATION TELEPHONE COOPERATIVE	
Signature of authorized officer				Date	05292018
Printed name of authorized officer		SHANE D HART			
Title or position of authorized officer		CEO/GM			
Telephone number of authorized officer: (701) 862-5229 ext.					
Study Area Code of Reporting Carrier		381632	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, 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: **UNITED TELEPHONE MUTUAL AID CORP.**

Signature of Authorized Officer or employee: **Perry Oster**
Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united telephone mutual aid corp.,l=Langdon ND 58249-0729, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Perry Oster**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **701-256-5156**

Study Area Code of Reporting Carrier	381636		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WEST RIVER TELECOMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Troy Schilling**
Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrwc.com,O=west river telecommunications cooperative,=Hazen ND 58545, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Troy Schilling**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **701-748-2211**

Study Area Code of Reporting Carrier	381637		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MIDSTATE COMMUNICATIONS INC.**

Signature of Authorized Officer or employee: Ryan Wilhelmi	Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate communications inc.,l=Stanley ND 58784-0400, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Ryan Wilhelmi**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **701-628-2522**

Study Area Code of Reporting Carrier	381638		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SRT COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Steve Lysne**
Digitally signed by Steve Lysne DN:cn=Steve Lysne,email=stevedl@srttel.com,O=srt communications, inc.,l=Minot ND 58702-2027, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Steve Lysne**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **701-858-5246**

Study Area Code of Reporting Carrier	383303		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ALLIANCE COMM. COOPERATIVE, INC.-HILLS SD**

Signature of Authorized Officer or employee: Kari Flanagan	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills sd,l=Garretson SD 57030, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier	391405		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GOLDEN WEST TELECOM COOP (ARMOUR)**

Signature of Authorized Officer or employee: Dennis Law	Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier	391640		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ALLIANCE COMM. COOPERATIVE, INC.-BALTIC**

Signature of Authorized Officer or employee: Kari Flanagan	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-baltic,l=Garretson SD 57030, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Cheyenne River Sioux Tribe Telephone Authority						
Signature of authorized officer				<i>Clara LeBeau</i>				Date		05/23/2018	
Printed name of authorized officer				Clara LeBeau							
Title or position of authorized officer				Vice-President							
Telephone number of authorized officer: (605) 964-2600 ext.											
Study Area Code of Reporting Carrier			391647		Filing Due Date for this form (mm/dd/yyyy)			6/18/2018			
<p>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.</p>											

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, 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: **BERESFORD MUNICIPAL TEL. CO.**

Signature of Authorized Officer or employee: Todd Hansen	Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal tel. co., Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Todd Hansen**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **605-763-2500**

Study Area Code of Reporting Carrier	391649		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CLARITY TELECOM, LLC**

Signature of Authorized Officer or employee: Keith Davidson	Digitally signed by Keith Davidson DN:cn=Keith Davidson,email=Keith.Davidson@vastbroadband.com,O=clarity telecom, llc, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Keith Davidson**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **573-481-2265**

Study Area Code of Reporting Carrier	391652		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CITY OF FAITH MUNICIPAL TEL CO**

Signature of Authorized Officer or employee: **Debbie Brown**
Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith municipal tel co,|=Faith SD 57626-0368, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Debbie Brown**

Title or position of Authorized Officer or employee: **Finance Officer**

Telephone number of Authorized Officer or employee: **605-967-2261**

Study Area Code of Reporting Carrier	391653		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **INTERSTATE TELECOMMUNICATIONS COOP., INC.**

Signature of Authorized Officer or employee: **Tracy Bandemer**
Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Tracy Bandemer**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-874-2181**

Study Area Code of Reporting Carrier

391654

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, 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: **ALLIANCE COMM. COOPERATIVE, INC.-SPLITROCK**

Signature of Authorized Officer or employee: Kari Flanagan	Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier	391657		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GOLDEN WEST TELECOM. COOP, INC.**

Signature of Authorized Officer or employee: **Dennis Law**
Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom. coop, inc.,l=Wall SD 57790-0411, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391659

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, 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: **FORT RANDALL TEL. CO. DBA MT. RUSHMORE TEL CO**

Signature of Authorized Officer or employee: **Bruce Hanson**
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=fort randall tel. co. dba mt. rushmore tel co, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	391660		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **James Groft**
Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley cooperative telephone company, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **James Groft**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **605-397-2323**

Study Area Code of Reporting Carrier

391664

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				James Valley Cooperative Telephone Company			
Signature of authorized officer			<i>James Groft</i>		Date		7/9/2018
Printed name of authorized officer				James Groft			
Title or position of authorized officer				CEO			
Telephone number of authorized officer: (605) 397-2323 ext.							
Study Area Code of Reporting Carrier			391664	Filing Due Date for this form (mm/dd/yyyy)		July 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, 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: **JEFFERSON TELEPHONE COMPANY - SD**

Signature of Authorized Officer or employee: **Tom Connors**
Digitally signed by Tom Connors DN:cn=Tom Connors,email=tomc@longlines.biz,O=jefferson telephone company - sd,l=Jefferson SD 57038-0128, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Tom Connors**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **605-966-5631**

Study Area Code of Reporting Carrier

391666

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, 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: **GOLDEN WEST TELECOM COOP (KADOKA)**

Signature of Authorized Officer or employee: Dennis Law	Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (kadoka),I=Wall SD 57790-0411, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier	391667		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **KENNEBEC TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Rod Bowar	Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec telephone company,l=Kennebec SD 57544, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Rod Bowar**

Title or position of Authorized Officer or employee: **President/Manager**

Telephone number of Authorized Officer or employee: **605-869-2220**

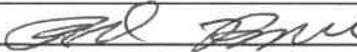
Study Area Code of Reporting Carrier	391668		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Kennebec Telephone Co., Inc.			
Signature of authorized officer					Date		07/03/2018
Printed name of authorized officer				Rod Bowar			
Title or position of authorized officer				President/Manager			
Telephone number of authorized officer:				(605) 869-2220			
Study Area Code of Reporting Carrier		391668		Filing Due Date for this form (mm/dd/yyyy)		July 2018	
<p>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.</p>							

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, 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: **TRIOTEL COMMUNICATIONS, INC. (MCCOOK)**

Signature of Authorized Officer or employee: **Bryan Roth**
Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel communications, inc. (mccook),l=Salem SD 57058-0630, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Bryan Roth**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **605-425-2238**

Study Area Code of Reporting Carrier	391669		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MIDSTATE COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Mark Benton**
Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate communications, inc.,l=Kimball SD 57355, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Mark Benton**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-778-6221**

Study Area Code of Reporting Carrier

391670

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, 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: **WEST RIVER TELECOMMUNICATIONS COOP.(MOBRIDGE)**

Signature of Authorized Officer or employee: **Troy Schilling**
Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtd.com,O=west river telecommunications coop.(mobridge),l=Hazen ND 58545, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Troy Schilling**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **701-748-2211**

Study Area Code of Reporting Carrier

391671

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, 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: **RC TECHNOLOGIES**

Signature of Authorized Officer or employee: Scott Bostrom	Digitally signed by Scott Bostrom DN:cn=Scott Bostrom,email=sbostrom@tnics.com,O=rc technologies,l=New Effington SD 57255-0197, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Scott Bostrom**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **605-637-5211**

Study Area Code of Reporting Carrier	391674		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SANTEL COMMUNICATIONS COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Ryan Thompson**
Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.coop,O=santel communications cooperative, inc.,l=Woonsocket SD 57385-0067, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Ryan Thompson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **605-796-8143**

Study Area Code of Reporting Carrier	391676		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GOLDEN WEST TELECOM COOP (SIOUX VALLEY)**

Signature of Authorized Officer or employee: **Dennis Law**
Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (sioux valley),l=Wall SD 57790-0411, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier	391677		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **INTERSTATE TELECOMMUNICATIONS COOP., INC.-SST**

Signature of Authorized Officer or employee: **Tracy Bandemer**
Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecommunications coop., inc.-sst,lc=Clear Lake SD 57226-0920, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Tracy Bandemer**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-874-2181**

Study Area Code of Reporting Carrier

391679

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, 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: **VENTURE COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Randy Houdek**
Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture communications cooperative,l=Highmore SD 57345-0157, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Randy Houdek**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **605-852-1111**

Study Area Code of Reporting Carrier	391680		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **TRIOTEL COMMUNICATIONS, INC. (TRI-COUNTY)**

Signature of Authorized Officer or employee: **Bryan Roth**
Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel communications, inc. (tri-county),l=Salem SD 57058-0630, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Bryan Roth**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **605-425-2238**

Study Area Code of Reporting Carrier	391682		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GOLDEN WEST TELECOM COOP (UNION)**

Signature of Authorized Officer or employee: **Dennis Law**
Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (union),l=Wall SD 57790-0411, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier	391684		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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 TELECOMM. COOP. ASSN., INC.**

Signature of Authorized Officer or employee: Jeff Symens	Digitally signed by Jeff Symens DN:cn=Jeff Symens,email=jsymens@valleytel.net,O=valley telecomm. coop. assn.,inc.,l=Herreid SD 57632-0007, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Jeff Symens**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-437-2615**

Study Area Code of Reporting Carrier	391685		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GOLDEN WEST TELECOM COOP (VIVIAN)**

Signature of Authorized Officer or employee: Dennis Law <small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (vivian),l=Wall SD 57790-0411, Date:5/16/2018</small>	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier	391686		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **VENTURE COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: Randy Houdek	Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture communications cooperative,l=Highmore SD 57345-0157, Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Randy Houdek**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **605-852-1111**

Study Area Code of Reporting Carrier	391688		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WEST RIVER COOPERATIVE TEL. CO.**

Signature of Authorized Officer or employee: **Colle Nash**
Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river cooperative tel. co.,l=Bison SD 57620, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Colle Nash**

Title or position of Authorized Officer or employee: **General Manager / CEO**

Telephone number of Authorized Officer or employee: **605-244-5213**

Study Area Code of Reporting Carrier	391689		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ARKANSAS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Randy McCaslin**
Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas telephone company,l=Clinton AR 72031, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Randy McCaslin**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **501-745-2114**

Study Area Code of Reporting Carrier	401692		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CENTRAL ARKANSAS TEL. COOP INC.**

Signature of Authorized Officer or employee: **Larry Frazier**
Digitally signed by Larry Frazier DN:cn=Larry Frazier, email=larryf@catc.net, O=central arkansas tel. coop inc., l=Bismarck AR 71929, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Larry Frazier**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **501-865-7008**

Study Area Code of Reporting Carrier	401697		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Cleveland County Telephone Co						
Signature of authorized officer				<i>BJ Mitchell</i>				Date		May 16, 2018	
Printed name of authorized officer					BJ Mitchell						
Title or position of authorized officer					President						
Telephone number of authorized officer					(417) 776-2247						
Study Area Code of Reporting Carrier			401698		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018				
<p>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.</p>											

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					Decatur Telephone Co						
Signature of authorized officer				<i>BJ Mitchell</i>				Date		May 16, 2018	
Printed name of authorized officer					BJ Mitchell						
Title or position of authorized officer					President						
Telephone number of authorized officer:					(417) 776-2247						
Study Area Code of Reporting Carrier			401699		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018				
<p>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.</p>											

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, 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: **SOUTH ARKANSAS TEL. CO.,INC.**

Signature of Authorized Officer or employee: **Greg Ashcraft**
Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel. co.,inc.,l=Sheridan AR 72150, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Greg Ashcraft**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **870-942-4344**

Study Area Code of Reporting Carrier	401702		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LAVACA TELEPHONE-AR**

Signature of Authorized Officer or employee: **Keith Gibson**
Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca telephone-ar,l=Lavaca AR 72941-0230, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Keith Gibson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **479-674-2211**

Study Area Code of Reporting Carrier

401704

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, 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: **MADISON COUNTY TEL. CO. INC.**

Signature of Authorized Officer or employee: **Tom Shrum**
Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel. co. inc.,l=Huntsville AR 72740, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Tom Shrum**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **479-738-2121**

Study Area Code of Reporting Carrier	401709		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MAGAZINE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Kathy Stone**
Digitally signed by Kathy Stone DN:cn=Kathy Stone,email=magtel@magtel.com,O=magazine telephone company,l=Magazine AR 72943, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Kathy Stone**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **479-969-2211**

Study Area Code of Reporting Carrier	401710		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MOUNTAIN VIEW TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Anne Schuhknecht	Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=mountain view telephone company,l=Mountain Home AR 72654-1970, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Anne Schuhknecht**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **870-425-3100**

Study Area Code of Reporting Carrier	401712		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NORTHERN ARKANSAS TEL. CO.,INC.**

Signature of Authorized Officer or employee: **Steven Sanders, Jr.**
Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=northern arkansas tel. co.,inc.,c=Flippin AR 72634-0209, Date:5/26/2018

Date: **5/26/2018**

Printed name of Authorized Officer or employee: **Steven Sanders, Jr.**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **870-453-9273**

Study Area Code of Reporting Carrier

401713

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, 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: **PRAIRIE GROVE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Rick Reed**
Digitally signed by Rick Reed DN:cn=Rick Reed,email=treed@pgtc.com,O=prairie grove telephone company,l=Prairie Grove AR 72753-1010, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Rick Reed**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **479-846-7200**

Study Area Code of Reporting Carrier	401718		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Rice Belt Telephone Company Inc.				
Signature of authorized officer				<i>Darby A. McCarty</i>		Date		05/30/2018	
Printed name of authorized officer				Darby A. McCarty					
Title or position of authorized officer				President					
Telephone number of authorized officer:				(812) 876-2211 ext.					
Study Area Code of Reporting Carrier			401721		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018		
<p>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.</p>									

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, 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: **E. RITTER TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Bob Mouser	Digitally signed by Bob Mouser DN:cn=Bob Mouser,email=bob.mouser@rittercommunications.com,O=e .ritter telephone company, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Bob Mouser**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **870-429-1116**

Study Area Code of Reporting Carrier	401722		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SOUTHWEST ARKANSAS TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Tina Moore**
Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=southwest arkansas tel. coop. inc., Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Tina Moore**

Title or position of Authorized Officer or employee: **Accountant**

Telephone number of Authorized Officer or employee: **870-653-8222**

Study Area Code of Reporting Carrier	401724		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WALNUT HILL TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Amanda Molina**
Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=walnut hill telephone company,l= , Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Amanda Molina**

Title or position of Authorized Officer or employee: **Vice President of External Relations**

Telephone number of Authorized Officer or employee: **904-259-0029**

Study Area Code of Reporting Carrier	401729		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **YELCOT TEL. CO.,INC.**

Signature of Authorized Officer or employee: Anne Schuhknecht	Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=yelcot tel. co.,inc.,l=Mountain Home AR 72654-1970, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Anne Schuhknecht**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **870-425-3100**

Study Area Code of Reporting Carrier	401733		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SCOTT COUNTY TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Karen Gilliam**
Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county telephone company,l=Avilla MO 64833, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Karen Gilliam**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **479-923-4200**

Study Area Code of Reporting Carrier

403031

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, 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: **BLUE VALLEY TELE-COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Candace Wright**
Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-communications, inc., Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Candace Wright**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **785-799-3657**

Study Area Code of Reporting Carrier	411746		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **COUNCIL GROVE TEL. CO.**

Signature of Authorized Officer or employee: **Dale Jones**
Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Dale Jones**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **620-767-5153**

Study Area Code of Reporting Carrier	411758		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CUNNINGHAM TELEPHONE CO. INC.**

Signature of Authorized Officer or employee: Brent Cunningham	Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham telephone co. inc.,l=Glen Elder KS 67446-0108, Date:5/22/2018	Date: 5/22/2018
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Printed name of Authorized Officer or employee: **Brent Cunningham**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **785-545-3215**

Study Area Code of Reporting Carrier	411761		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ELKHART TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Trenton Boaldin**
Digitally signed by Trenton Boaldin DN:cn=Trenton Boaldin,email=tdboaldin@epictouch.com,O=elkhart telephone company inc.,l=Elkhart KS 67950, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Trenton Boaldin**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **620-697-2111**

Study Area Code of Reporting Carrier

411764

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, 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: **GOLDEN BELT TELEPHONE ASSN. INC.**

Signature of Authorized Officer or employee: Beau Rebel	Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbtlive.com,O=golden belt telephone assn. inc.,l=Rush Center KS 67575, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Beau Rebel**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **785-372-4236**

Study Area Code of Reporting Carrier	411777		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GORHAM TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Tonya Murphy**
Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham telephone company inc.,l=Gorham KS 67640-0235, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Tonya Murphy**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **785-637-5300**

Study Area Code of Reporting Carrier	411778		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HAVILAND TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Mark Wade**
Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland telephone company inc.,l=Haviland KS 67059, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Mark Wade**

Title or position of Authorized Officer or employee: **VP of Operations**

Telephone number of Authorized Officer or employee: **620-862-5211**

Study Area Code of Reporting Carrier

411780

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, 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: **H & B COMMUNICATIONS INC.**

Signature of Authorized Officer or employee: **Robert Koch**
Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications inc.,l=Holyrood KS 67450, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Robert Koch**

Title or position of Authorized Officer or employee: **President and General Manager**

Telephone number of Authorized Officer or employee: **785-252-4000**

Study Area Code of Reporting Carrier	411781		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HOME TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Tina Anderson**
Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home telephone company inc.,l=Galva KS 67443, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Tina Anderson**

Title or position of Authorized Officer or employee: **Customer Acct & Billing Mgr/Secretary**

Telephone number of Authorized Officer or employee: **620-654-3381**

Study Area Code of Reporting Carrier

411782

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, 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: **J. B. N. TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Mark Wade**
Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@haviglandtelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Mark Wade**

Title or position of Authorized Officer or employee: **VP of Operations**

Telephone number of Authorized Officer or employee: **620-862-5211**

Study Area Code of Reporting Carrier

411785

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, 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: **KANOKLA TELEPHONE ASSOCIATION - KS**

Signature of Authorized Officer or employee: **Jill Kuehny**
Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ks,|=Caldwell KS 67022-0111, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Jill Kuehny**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier

411788

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, 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: **MADISON TELEPHONE, LLC**

Signature of Authorized Officer or employee: **Shana Rains**
Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison telephone, llc,l=Madison KS 66860, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Shana Rains**

Title or position of Authorized Officer or employee: **Accountant**

Telephone number of Authorized Officer or employee: **620-437-2356**

Study Area Code of Reporting Carrier

411801

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, 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: **MOKAN DIAL, INC.- KS**

Signature of Authorized Officer or employee: **Amanda Molina**
Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial, inc.-ks,l= , Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Amanda Molina**

Title or position of Authorized Officer or employee: **Vice President of External Relations**

Telephone number of Authorized Officer or employee: **904-259-0029**

Study Area Code of Reporting Carrier	411807		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MUTUAL TELEPHONE COMPANY**

Signature of Authorized Officer or employee: John Tietjens	Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mual telephone company,l=Little River KS 67457, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **John Tietjens**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **620-897-6200**

Study Area Code of Reporting Carrier	411809		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PEOPLES TELECOMMUNICATIONS, LLC**

Signature of Authorized Officer or employee: **Kathy Billinger**
Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peopletelecom.net,O=peoples telecommunications, llc,l=LaCygne KS 66040, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Kathy Billinger**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **913-757-2500**

Study Area Code of Reporting Carrier

411814

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, 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: **CRAW-KAN TELEPHONE COOP INC- KS**

Signature of Authorized Officer or employee: **Craig Wilbert**
Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan telephone coop inc- ks,l=Girard KS 66743-0100, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Craig Wilbert**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **620-724-8235**

Study Area Code of Reporting Carrier	411818		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **RAINBOW TELECOMMUNICATIONS ASSOC., INC.**

Signature of Authorized Officer or employee: **Kathy Ruoff**
Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecommunications assoc., inc.,l=Everest KS 66424, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Kathy Ruoff**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **785-548-7511**

Study Area Code of Reporting Carrier	411820		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **S & T TEL. COOP. ASSN.**

Signature of Authorized Officer or employee: Christina Hickert	Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s & t tel. coop. assn.,l=Brewster KS 67732, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Christina Hickert**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **256-694-2256**

Study Area Code of Reporting Carrier	411827		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **S & A TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: Janet Bathurst	Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s & a telephone company, inc.,I=Allen KS 66833-0068, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Janet Bathurst**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **620-528-3223**

Study Area Code of Reporting Carrier	411829		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SOUTH CENTRAL TEL. ASSN. INC.-KS**

Signature of Authorized Officer or employee:	Carla Shearer	Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn. inc.-ks, Date:5/18/2018	Date: 5/18/2018

Printed name of Authorized Officer or employee: **Carla Shearer**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **620-930-1082**

Study Area Code of Reporting Carrier	411831		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SOUTHERN KANSAS TEL. CO.,INC.**

Signature of Authorized Officer or employee: William McVey	Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel. co.,inc.,l=Clearwater KS 67026-0800, Date:5/20/2018	Date: 5/20/2018
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Printed name of Authorized Officer or employee: **William McVey**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **620-584-8337**

Study Area Code of Reporting Carrier	411833		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **TRI-COUNTY TEL. ASSN. INC.-KS**

Signature of Authorized Officer or employee:	Dale Jones	Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel. assn. inc.-ks,l=Council Grove KS 66846-0299, Date:5/21/2018	Date: 5/21/2018

Printed name of Authorized Officer or employee: **Dale Jones**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **620-767-5153**

Study Area Code of Reporting Carrier	411839		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **TWIN VALLEY TEL. INC.-KS**

Signature of Authorized Officer or employee: **Scott Leitzel**
Digitally signed by Scott Leitzel DN:cn=Scott Leitzel,email=scott.leitzel@tvinc.net,O=twin valley tel. inc.-ks,l=Miltonvale KS 67466, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Scott Leitzel**

Title or position of Authorized Officer or employee: **Vice President-Operations**

Telephone number of Authorized Officer or employee: **785-427-9504**

Study Area Code of Reporting Carrier

411840

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, 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: **UNITED TELEPHONE ASSOCIATION, INC.**

Signature of Authorized Officer or employee: **Jennifer Pachner**
Digitally signed by Jennifer Pachner DN:cn=Jennifer Pachner,email=jenniferp@unitedtelcom.net,O=united telephone association, inc.,I=Dodge City KS 67801-0117, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Jennifer Pachner**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **620-227-8641**

Study Area Code of Reporting Carrier	411841		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WHEAT STATE TELEPHONE, INC.**

Signature of Authorized Officer or employee: **Randy Hoffman**
Digitally signed by Randy Hoffman DN:cn=Randy Hoffman,email=rhoffman@wheatstate.com,O=wheat state telephone, inc.,|=Udall KS 67146, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Randy Hoffman**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **620-782-3341**

Study Area Code of Reporting Carrier	411847		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WILSON TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: Brian Boisvert	Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson telephone company inc.,l=Wilson KS 67490-0190, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Brian Boisvert**

Title or position of Authorized Officer or employee: **CEO /General Manager**

Telephone number of Authorized Officer or employee: **785-658-2111**

Study Area Code of Reporting Carrier	411849		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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)(vi).

Name of Reporting Carrier					Zenda Telephone Company, Inc				
Signature of authorized officer			<i>John R Ludenia</i>			Date		05-15-2018	
Printed name of authorized officer					John R Ludenia				
Title or position of authorized officer					Vice President				
Telephone number of authorized officer: (304)983-8642 ext.									
Study Area Code of Reporting Carrier			411852		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018		
<p>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.</p>									

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, 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: **BPS Telephone Company**

Signature of Authorized Officer or employee: Lisa Winberry	Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps telephone company,l=Bernie MO 63822-0550, Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Lisa Winberry**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **573-293-2277**

Study Area Code of Reporting Carrier	420463		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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: IAMO Telephone Company-MO			
Signature of authorized officer:	<i>Merlin Swanson</i>	Date:	5-29-2018
Printed name of authorized officer: Merlin Swanson			
Title or position of authorized officer: Secretary			
Telephone number of authorized officer: (712) 583-3232			
Study Area Code of Reporting Carrier	421206	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, 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: **CRAW-KAN TELEPHONE COOP INC - MO**

Signature of Authorized Officer or employee: **Craig Wilbert**
Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan telephone coop inc - mo,l=Girard KS 66743-0100, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Craig Wilbert**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **620-724-8235**

Study Area Code of Reporting Carrier

421759

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, 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: **MOKAN DIAL, INC.- MO**

Signature of Authorized Officer or employee: Amanda Molina	Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial, inc.-mo, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Amanda Molina**

Title or position of Authorized Officer or employee: **Vice President of External Relations**

Telephone number of Authorized Officer or employee: **904-259-0029**

Study Area Code of Reporting Carrier	421807		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ALMA COMMUNICATIONS COMPANY DBA ALMA TEL. CO.**

Signature of Authorized Officer or employee: **Adolf Heins**
Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma communications company dba alma tel. co.,l=Alma MO 64001, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Adolf Heins**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **660-674-2297**

Study Area Code of Reporting Carrier

421860

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, 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: **CHARITON VALLEY TELEPHONE CORPORATION**

Signature of Authorized Officer or employee: Kirby Underberg	Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@charitonvalley.com,O=chariton valley telephone corporation, =Macon MO 63552, Date:5/20/2018	Date: 5/20/2018
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Printed name of Authorized Officer or employee: **Kirby Underberg**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **660-395-9000**

Study Area Code of Reporting Carrier	421864		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CITIZENS TELEPHONE CO - MISSOURI**

Signature of Authorized Officer or employee: Brian Cornelius <small>Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens telephone co - missouri,=Higginsville MO 64037-0737, Date:5/24/2018</small>	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Brian Cornelius**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **660-584-6520**

Study Area Code of Reporting Carrier	421865		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ELLINGTON TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Dee McCormack**
Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington telephone company,l=Ellington MO 63638, Date:5/20/2018

Date: **5/20/2018**

Printed name of Authorized Officer or employee: **Dee McCormack**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **573-663-2000**

Study Area Code of Reporting Carrier	421874		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **FARBER TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Charles Crow**
Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=farber telephone company,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Charles Crow**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **573-249-9800**

Study Area Code of Reporting Carrier

421876

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, 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: **FIDELITY TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Carla Cooper**
Digitally signed by Carla Cooper DN:cn=Carla Cooper,email=carla.cooper@fidelitycommunications.com, O=fidelity telephone company, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Carla Cooper**

Title or position of Authorized Officer or employee: **VP of Finance**

Telephone number of Authorized Officer or employee: **573-468-1218**

Study Area Code of Reporting Carrier	421882		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GRANBY TEL CO - MISSOURI**

Signature of Authorized Officer or employee: **Cheri Johnson**
Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - missouri,l=Granby MO 64844, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Cheri Johnson**

Title or position of Authorized Officer or employee: **Corporate Secretary**

Telephone number of Authorized Officer or employee: **417-472-5513**

Study Area Code of Reporting Carrier	421887		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GREEN HILLS TELEPHONE CORP.**

Signature of Authorized Officer or employee: David Adams	Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghtc.com,O=green hills telephone corp.,l=Breckenridge MO 64625, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **David Adams**

Title or position of Authorized Officer or employee: **EVP/GM**

Telephone number of Authorized Officer or employee: **660-644-5411**

Study Area Code of Reporting Carrier	421890		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CHOCTAW TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Amanda Molina	Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=choctaw telephone company,l= , Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Amanda Molina**

Title or position of Authorized Officer or employee: **Vice President of External Relations**

Telephone number of Authorized Officer or employee: **904-259-0029**

Study Area Code of Reporting Carrier	421893		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **KLM TEL. CO.**

Signature of Authorized Officer or employee: Joe Jetensky <small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm tel. co.,l= , Date:5/23/2018</small>	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Joe Jetensky**

Title or position of Authorized Officer or employee: **President/GM**

Telephone number of Authorized Officer or employee: **402-426-6245**

Study Area Code of Reporting Carrier	421900		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **KINGDOM TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Marla McCowan**
Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone company,l=Auxvasse MO 65231, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Marla McCowan**

Title or position of Authorized Officer or employee: **Assistant Board Secretary**

Telephone number of Authorized Officer or employee: **573-386-2241**

Study Area Code of Reporting Carrier

421901

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, 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: **LE-RU TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Robert Hart**
Digitally signed by Robert Hart DN:cn=Robert Hart,email=hartb@leru.net,O=le-ru telephone company,l=Stella MO 64867-0147, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Robert Hart**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **417-628-3844**

Study Area Code of Reporting Carrier	421908		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MCDONALD COUNTY TELEPHONE CO.**

Signature of Authorized Officer or employee: **Ross Babbitt**
Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county telephone co.,l=Pineville MO 64856-0207, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Ross Babbitt**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **417-223-4313**

Study Area Code of Reporting Carrier	421912		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MILLER TELEPHONE COMPANY - MO**

Signature of Authorized Officer or employee: John Ludenia	Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=miller telephone company - mo, = , Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **John Ludenia**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **304-983-8642**

Study Area Code of Reporting Carrier	421920		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NEW FLORENCE TELEPHONE CO.**

Signature of Authorized Officer or employee: Wendy Ottman	Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=new florence telephone co.,l=Oregon MO 64473, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier	421927		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NEW LONDON TEL. CO.**

Signature of Authorized Officer or employee: **Wendy Ottman**
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=new london tel. co.,l=Oregon MO 64473, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier

421928

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, 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: **HOLWAY TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Joe Jetensky	Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway telephone company, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Joe Jetensky**

Title or position of Authorized Officer or employee: **President/GM**

Telephone number of Authorized Officer or employee: **402-426-6245**

Study Area Code of Reporting Carrier	421929		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NORTHEAST MISSOURI RURAL TEL. CO.**

Signature of Authorized Officer or employee: **Michele Gillespie**
Digitally signed by Michele Gillespie DN:cn=Michele Gillespie,email=mvan@nemr.net,O=northeast missouri rural tel. co., Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Michele Gillespie**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **660-874-4111**

Study Area Code of Reporting Carrier	421931		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Lathrop Telephone Company	
Signature of authorized officer		<i>Gregg Davis</i>		Date	5/22/18
Printed name of authorized officer		Gregg Davis			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(660) 748-3231			
Study Area Code of Reporting Carrier	421932	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, 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: **ORCHARD FARM TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Wendy Ottman <small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=orchard farm telephone company,l=Oregon MO 64473, Date:5/16/2018</small>	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier	421934		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **OREGON FARMERS MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: Amanda Molina	Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=oregon farmers mutual tel. co., Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Amanda Molina**

Title or position of Authorized Officer or employee: **Vice President of External Relations**

Telephone number of Authorized Officer or employee: **904-259-0029**

Study Area Code of Reporting Carrier	421935		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PEACE VALLEY TELEPHONE CO.**

Signature of Authorized Officer or employee: Kelly Bosserman	Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley telephone co.,l=Peace Valley MO 65788-0009, Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Kelly Bosserman**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **417-277-5550**

Study Area Code of Reporting Carrier	421936		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ROCK PORT TEL. CO.**

Signature of Authorized Officer or employee: **Rick Bradley**
Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel. co.,l=Rock Port MO 64482-0147, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Rick Bradley**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **660-744-5311**

Study Area Code of Reporting Carrier	421942		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Steelville Telephone Company	
Signature of authorized officer			Date		05/23/2018
Printed name of authorized officer			Don Santhuff		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer: (573) 775-2111 ext.					
Study Area Code of Reporting Carrier		421949	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
<p>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.</p>					

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, 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: **STOUTLAND TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Wendy Ottman**
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=stoutland telephone company,l=Oregon MO 64473, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier

421951

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, 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: **LAVACA TELEPHONE CO.- OK**

Signature of Authorized Officer or employee: Keith Gibson <small>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca telephone co.- ok,l=Lavaca AR 72941-0230, Date:5/29/2018</small>	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Keith Gibson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **479-674-2211**

Study Area Code of Reporting Carrier	431704		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **KANOKLA TELEPHONE ASSOCIATION - OK**

Signature of Authorized Officer or employee: **Jill Kuehny**
Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ok,l=Caldwell KS 67022-0111, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Jill Kuehny**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier	431788		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SOUTH CENTRAL TEL. ASSN., INC.-OK**

Signature of Authorized Officer or employee: **Carla Shearer**
Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn., inc.-ok, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Carla Shearer**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **620-930-1082**

Study Area Code of Reporting Carrier	431831		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					ATLAS TELEPHONE COMPANY, INC				
Signature of authorized officer			<i>Barbara A Summa</i>			Date		5/16/2018	
Printed name of authorized officer					BARBARA A SUMMA				
Title or position of authorized officer					PRESIDENT				
Telephone number of authorized officer:					(918) 783-5111				
Study Area Code of Reporting Carrier		431966		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018			
<p>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.</p>									

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, 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: **BEGGS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Kay Mount**
Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs telephone company,I=Beggs OK 74421-0749, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Kay Mount**

Title or position of Authorized Officer or employee: **Pres. & General Manager**

Telephone number of Authorized Officer or employee: **918-267-3636**

Study Area Code of Reporting Carrier	431968		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CANADIAN VALLEY TELEPHONE CO.**

Signature of Authorized Officer or employee: Orlean Smith <small>Digitally signed by Orlean Smith DN:cn=Orlean Smith,email=murphy@cvok.net,O=canadian valley telephone co.,j=Crowder OK 74430, Date:5/23/2018</small>	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Orlean Smith**

Title or position of Authorized Officer or employee: **President / Gen Manager**

Telephone number of Authorized Officer or employee: **918-334-3700**

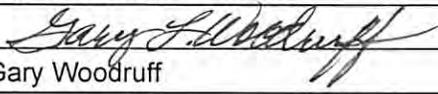
Study Area Code of Reporting Carrier	431974		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Carnegie Telephone Company	
Signature of authorized officer				Date	05/ 23 /2018
Printed name of authorized officer		Gary Woodruff			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(580) 654-1002 ext.			
Study Area Code of Reporting Carrier	431976	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		
<p>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.</p>					

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, 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: **CENTRAL OKLAHOMA TELEPHONE CO., L.L.C.**

Signature of Authorized Officer or employee: **Steve Guest**

Digitally signed by Steve Guest DN:cn=Steve Guest,email=steveg@cotc.net,O=central oklahoma telephone co., l.l.c.,l=Davenport OK 74026-0789, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Steve Guest**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **918-377-2241**

Study Area Code of Reporting Carrier

431977

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, 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: **CHEROKEE TELEPHONE CO.**

Signature of Authorized Officer or employee: **Samuel Sanchez**
Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee telephone co.,l= , Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Samuel Sanchez**

Title or position of Authorized Officer or employee: **Vice President Operations**

Telephone number of Authorized Officer or employee: **580-434-5375**

Study Area Code of Reporting Carrier

431979

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

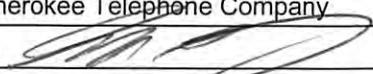
6/18/2018

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				Cherokee Telephone Company	
Signature of authorized officer				Date	7/3/18
Printed name of authorized officer		Samuel Sanchez			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(580) 434-5375 ext.			
Study Area Code of Reporting Carrier	431979	Filing Due Date for this form (mm/dd/yyyy)	July 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, 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: **CHICKASAW TELEPHONE CO.**

Signature of Authorized Officer or employee: **Larry Jones**
Digitally signed by Larry Jones DN:cn=Larry Jones,email=larry@chickasawphone.net,O=chickasaw telephone co.,l=Sulphur OK 73086-0460, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Larry Jones**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **580-622-5223**

Study Area Code of Reporting Carrier

431980

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				Chouteau Telephone Co	
Signature of authorized officer			Date		5/23/18
Printed name of authorized officer			Mike T. Skrivan		
Title or position of authorized officer			Vice President, Regulatory		
Telephone number of authorized officer:			(207) 535-4150		
Study Area Code of Reporting Carrier		431981	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		Cimarron Telephone Company	
Signature of authorized officer	<i>Gene Baldwin</i>	Date	05/21/2018
Printed name of authorized officer	Gene Baldwin		
Title or position of authorized officer	Executive Vice President		
Telephone number of authorized officer:	(918) 865-3311 _{ext.}		
Study Area Code of Reporting Carrier	431982	Filing Due Date for this form (mm/dd/yyyy)	6/15/2018
<p>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.</p>			

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, 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: **GRAND TELEPHONE CO. INC.**

Signature of Authorized Officer or employee: Jason Anderson	Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand telephone co. inc.,l=Jay OK 74346-0308, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Jason Anderson**

Title or position of Authorized Officer or employee: **Controller/Co-Manager/1st Vice President**

Telephone number of Authorized Officer or employee: **918-253-4231**

Study Area Code of Reporting Carrier	431994		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HINTON TELEPHONE CO.**

Signature of Authorized Officer or employee: **Kenneth Doughty**
Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton telephone co.,l=Hinton OK 73047, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Kenneth Doughty**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **405-542-3262**

Study Area Code of Reporting Carrier	431995		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MEDICINE PARK TELEPHONE CO.**

Signature of Authorized Officer or employee: Dean Pennello	Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=medicine park telephone co.,l=Medicine Park OK 73557, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Dean Pennello**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **580-529-2700**

Study Area Code of Reporting Carrier	432008		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **OKLATEL COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Toney Prather**
Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=oklatel communications, inc.,l=De Leon TX 76444, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Toney Prather**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **254-893-1000**

Study Area Code of Reporting Carrier	432013		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **OKLAHOMA WESTERN TELEPHONE CO.**

Signature of Authorized Officer or employee: **Dean Pennello**
Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=oklahoma western telephone co.,l= , Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Dean Pennello**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **580-529-5000**

Study Area Code of Reporting Carrier

432014

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, 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: **PIONEER TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Richard Ruhl**
Digitally signed by Richard Ruhl DN:cn=Richard Ruhl,email=raruhl@ptci.com,O=pioneer tel. coop. inc.,l=Kingfisher OK 73750-0539, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Richard Ruhl**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **405-375-0191**

Study Area Code of Reporting Carrier	432018		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

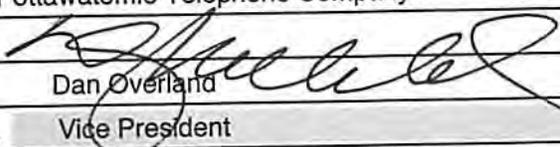
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Pioneer Telephone Cooperative, Inc.			
Signature of authorized officer			<i>Richard Ruhl</i>		Date		July 9, 2018
Printed name of authorized officer				Richard Ruhl			
Title or position of authorized officer				General Manager			
Telephone number of authorized officer: 405,375-0191 ext.							
Study Area Code of Reporting Carrier		432018		Filing Due Date for this form (mm/dd/yyyy)		July 2018	
<p>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.</p>							

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		Pottawatomie Telephone Company	
Signature of authorized officer		Date	05/ 21/2018
Printed name of authorized officer	Dan Overland		
Title or position of authorized officer	Vice President		
Telephone number of authorized officer:	(405) 997-5201 ext.		
Study Area Code of Reporting Carrier	432020	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, 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: **SALINA-SPAVINAW TEL. CO.,INC.**

Signature of Authorized Officer or employee: **Scott Boone**
Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel. co.,inc., Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Scott Boone**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **918-434-8166**

Study Area Code of Reporting Carrier	432022		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SHIDLER TEL. CO. DBA KANOKLA NETWORKS**

Signature of Authorized Officer or employee: Jill Kuehny	Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=shidler tel. co. dba kanokla networks,l=Caldwell KS 67022-0111, Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Jill Kuehny**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier	432023		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SW OKLAHOMA TEL CO**

Signature of Authorized Officer or employee: George Wycoff	Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@swoi.net,O=sw oklahoma tel co,l=Duke OK 73532, Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **George Wycoff**

Title or position of Authorized Officer or employee: **Exec. Vice President/General Manager**

Telephone number of Authorized Officer or employee: **580-679-3345**

Study Area Code of Reporting Carrier	432025		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **TERRAL TEL. CO.**

Signature of Authorized Officer or employee: Chad Segress	Digitally signed by Chad Segress DN:cn=Chad Segress,email=chad@wavelinx.com,O=terral tel. co.,l= , Date:5/30/2018	Date: 5/30/2018
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Printed name of Authorized Officer or employee: **Chad Segress**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **405-609-7164**

Study Area Code of Reporting Carrier	432029		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **VALLIANT TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Tommy Dorries**
Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant telephone company,l=Valliant OK 74764, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Tommy Dorries**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **580-933-4400**

Study Area Code of Reporting Carrier	432032		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

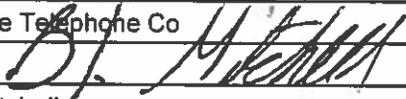
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Valliant Telephone			
Signature of authorized officer		<i>Debbie Dorries</i>		Date		7/3/18	
Printed name of authorized officer				Debbie Dorries			
Title or position of authorized officer				Secretary			
Telephone number of authorized officer: () - , ext.							
Study Area Code of Reporting Carrier		432032		Filing Due Date for this form (mm/dd/yyyy)		July 2018	
<p>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.</p>							

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					Wyandotte Telephone Co						
Signature of authorized officer								Date		May 16, 2018	
Printed name of authorized officer					BJ Mitchell						
Title or position of authorized officer					Vice-President						
Telephone number of authorized officer:					(417) 776-2247						
Study Area Code of Reporting Carrier			432034		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018				
<p>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.</p>											

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, 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: **SANTA ROSA TELEPHONE COOP. INC.**

Signature of Authorized Officer or employee: **Jason Tole**
Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa telephone coop. inc.,l=Vernon TX 76385, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Jason Tole**

Title or position of Authorized Officer or employee: **Assistant GM / CFO**

Telephone number of Authorized Officer or employee: **940-886-2014**

Study Area Code of Reporting Carrier	432141		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Santa Rosa Telephone Cooperative, Inc.				
Signature of authorized officer				<i>Jason Tole</i>		Date		07/09/2018	
Printed name of authorized officer					Jason Tole				
Title or position of authorized officer					Assistant GM/CFO				
Telephone number of authorized officer:					(940) 886-2217 ext.				
Study Area Code of Reporting Carrier			432141		Filing Due Date for this form (mm/dd/yyyy)		July 2018		
<p>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.</p>									

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, 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: **CAMERON TELEPHONE COMPANY - TEXAS**

Signature of Authorized Officer or employee: **Bruce Petry**
Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron telephone company - texas,l=Sulphur LA 70664-0167, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Bruce Petry**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **337-583-2092**

Study Area Code of Reporting Carrier	440425		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BLOSSOM TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **C. Dorries**
Digitally signed by C. Dorries DN:cn=C. Dorries,email=Clint@blossomtel.net,O=blossom telephone company,l=Blossom TX 75416-0008, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **C. Dorries**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **903-982-5200**

Study Area Code of Reporting Carrier	442038		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Big Bend Telephone , Inc			
Signature of authorized officer			<i>Lauren Sanders</i>		Date		5/30/2018
Printed name of authorized officer				Lauren Sanders			
Title or position of authorized officer				VP Commercial			
Telephone number of authorized officer: (432) 364-1000 ext.							
Study Area Code of Reporting Carrier			442039		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, 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: **BRAZORIA TEL. CO.**

Signature of Authorized Officer or employee: **Gil Rasco**
Digitally signed by Gil Rasco DN:cn=Gil Rasco,email=gil@btel.com,O=brazoria tel. co.,l=Brazoria TX 77422, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Gil Rasco**

Title or position of Authorized Officer or employee: **Vice President, Operations**

Telephone number of Authorized Officer or employee: **979-798-2121**

Study Area Code of Reporting Carrier	442040		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NORTH TEXAS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Toney Prather**
Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=north texas telephone company,l=De Leon TX 76444, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Toney Prather**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **254-893-1000**

Study Area Code of Reporting Carrier	442043		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CAP ROCK TELEPHONE COOPERATIVE, INC.**

Signature of Authorized Officer or employee: Jim Whitefield <small>Digitally signed by Jim Whitefield DN:cn=Jim Whitefield,email=advisory@caprock-spur.com,O=cap rock telephone cooperative, inc.,l=Spur TX 79370-0300, Date:5/16/2018</small>	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Jim Whitefield**

Title or position of Authorized Officer or employee: **Executive Vice President/General Manager**

Telephone number of Authorized Officer or employee: **806-271-3336**

Study Area Code of Reporting Carrier	442046		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CENTRAL TEXAS TELEPHONE CO-OP. INC.**

Signature of Authorized Officer or employee: Jamey Wigley	Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas telephone co-op. inc.,l=Goldthwaite TX 76844, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Jamey Wigley**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **325-648-2237**

Study Area Code of Reporting Carrier	442052		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **COLEMAN COUNTY TELEPHONE CO-OP. INC.**

Signature of Authorized Officer or employee: **Tim Humpert**
Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county telephone co-op. inc.,l=Santa Anna TX 76878, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Tim Humpert**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **325-348-3124**

Study Area Code of Reporting Carrier

442057

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, 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: **COLORADO VALLEY TELEPHONE CO-OP. INC.**

Signature of Authorized Officer or employee: **Kelly Allison**
Digitally signed by Kelly Allison DN:cn=Kelly Allison,email=kellya@coloradovalley.com,O=colorado valley telephone co-op. inc.,l=La Grange TX 78945, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Kelly Allison**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **979-247-8315**

Study Area Code of Reporting Carrier	442059		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **TOTELCOM COMMUNICATIONS, LLC**

Signature of Authorized Officer or employee: **Toney Prather**
Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totalcom.net,O=totalcom communications, llc,l=De Leon TX 76444, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Toney Prather**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **254-893-1000**

Study Area Code of Reporting Carrier

442060

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, 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: **COMMUNITY TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Clifford Humpert**
Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community telephone company, inc.,l=Windthorst TX 76389, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Clifford Humpert**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **940-423-6201**

Study Area Code of Reporting Carrier	442061		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CUMBY TELEPHONE COOPERATIVE INC.**

Signature of Authorized Officer or employee: **Karen Zimmerman**
Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenc@cumbytel.com,O=cumby telephone cooperative inc.,l=Cumby TX 75433, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Karen Zimmerman**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **903-994-2211**

Study Area Code of Reporting Carrier

442065

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				DELL TELEPHONE CO-OP. INC. - TX			
Signature of authorized officer			<i>Marcy Guillen</i>		Date		06/08/2018
Printed name of authorized officer			Marcy Guillen				
Title or position of authorized officer			Office Manager				
Telephone number of authorized officer: (915) 964-2352 ext.							
Study Area Code of Reporting Carrier			442066		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018
<p>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.</p>							

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, 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: **ELECTRA TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Amanda Molina**
Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=electra telephone company, inc., Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Amanda Molina**

Title or position of Authorized Officer or employee: **Vice President of External Relations**

Telephone number of Authorized Officer or employee: **904-259-0029**

Study Area Code of Reporting Carrier	442069		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **FIVE AREA TELEPHONE CO-OP. INC.**

Signature of Authorized Officer or employee: **Mark Washington**
Digitally signed by Mark Washington DN:cn=Mark Washington,email=markwa@fivearea.com,O=five area telephone co-op. inc.,l=Muleshoe TX 79347, Date:5/20/2018

Date: **5/20/2018**

Printed name of Authorized Officer or employee: **Mark Washington**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **806-272-5533**

Study Area Code of Reporting Carrier

442071

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, 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: **BORDER TO BORDER COMMUNICATIONS**

Signature of Authorized Officer or employee: **Herman Roark Jr.**
Digitally signed by Herman Roark Jr. DN:cn=Herman Roark Jr.,email=herman.roark@border2border.com,O=border to border communications,lf= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Herman Roark Jr.**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **956-936-2000**

Study Area Code of Reporting Carrier

442073

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, 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: **GANADO TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Bill Rakowitz**
Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado telephone company inc.,l=Ganado TX 77962-0329, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Bill Rakowitz**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **361-771-3331**

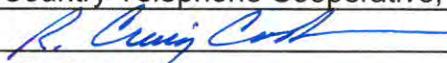
Study Area Code of Reporting Carrier	442076		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Hill Country Telephone Cooperative, Inc.	
Signature of authorized officer				Date	5/24/18
Printed name of authorized officer		R. Craig Cook			
Title or position of authorized officer		COO			
Telephone number of authorized officer: () - , ext.		830-367-5333			
Study Area Code of Reporting Carrier	442086	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, 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: **ALENCO COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Ray Bussell**
Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communications, inc.,l=Joshua TX 76058, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Ray Bussell**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **817-447-0127**

Study Area Code of Reporting Carrier	442090		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ETS TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Sam Luxton**
Digitally signed by Sam Luxton DN:cn=Sam Luxton,email=sluxton@entouchsystems.net,O=ets telephone company, inc., Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Sam Luxton**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **281-225-0501**

Study Area Code of Reporting Carrier

442091

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, 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: **LA WARD TELEPHONE EXCHANGE INC.**

Signature of Authorized Officer or employee: **Terri Parker**
Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward telephone exchange inc.,l=La Ward TX 77970-0246, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Terri Parker**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **361-872-2211**

Study Area Code of Reporting Carrier

442103

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 **La Ward Telephone Exchange, Inc.**

Signature of authorized officer *Terri Parker* Date **7/23/18**

Printed name of authorized officer **Terri Parker**

Title or position of authorized officer **General Manager**

Telephone number of authorized officer: **(361) 872-2211 ext.**

Study Area Code of Reporting Carrier	442103	Filing Due Date for this form (mm/dd/yyyy)	August 2018
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LIPAN TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Beth Howard**
Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan telephone company,l=Lipan TX 76462, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Beth Howard**

Title or position of Authorized Officer or employee: **Sec / Treasurer**

Telephone number of Authorized Officer or employee: **254-646-2211**

Study Area Code of Reporting Carrier	442105		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MUENSTER TEL. CORP. OF TX DBA NORTEX COMM.**

Signature of Authorized Officer or employee: **Alan Rohmer**
Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=Muenster tel. corp. of tx dba nortex comm.,l=Muenster TX 76252, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Alan Rohmer**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **940-759-2251**

Study Area Code of Reporting Carrier	442116		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PEOPLES TELEPHONE COOPERATIVE - TX**

Signature of Authorized Officer or employee: Lloyd Steele <small>Digitally signed by Lloyd Steele DN:cn=Lloyd Steele,email=steven.steele@gopeoples.net,O=peoples telephone cooperative - tx, =Quitman TX 75783-0228, Date:5/24/2018</small>	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Lloyd Steele**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **903-878-3132**

Study Area Code of Reporting Carrier	442130		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **POKA-LAMBRO TELEPHONE COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **David McEndree**
Digitally signed by David McEndree DN:cn=David McEndree,email=dmc@poka.com,O=poka-lambro telephone cooperative, inc.,l=Tahoka TX 79373-1340, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **David McEndree**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **806-924-7234**

Study Area Code of Reporting Carrier

442131

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 Rivière Telephone Company, Inc.

Signature of authorized officer 	Date	5/29/2018
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Printed name of authorized officer Leslie Colston

Title or position of authorized officer President

Telephone number of authorized officer: (361)296 - 3232 , ext.

Study Area Code of Reporting Carrier	<u>442134</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/18/2018</u>
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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.

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, 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: **SOUTHWEST TEXAS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Gary Gilmer	Digitally signed by Gary Gilmer DN:cn=Gary Gilmer,email=gary@swtexas.com,O=southwest texas telephone company,l=Rocksprings TX 78880, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Gary Gilmer**

Title or position of Authorized Officer or employee: **President, CEO**

Telephone number of Authorized Officer or employee: **830-683-2111**

Study Area Code of Reporting Carrier	442135		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SANTA ROSA TEL. COOP., INC.**

Signature of Authorized Officer or employee: Jason Tole	Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel. coop.,inc.,l=Vernon TX 76385, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Jason Tole**

Title or position of Authorized Officer or employee: **Assistant GM / CFO**

Telephone number of Authorized Officer or employee: **940-886-2014**

Study Area Code of Reporting Carrier	442141		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					Santa Rosa Telephone Cooperative, Inc.				
Signature of authorized officer				<i>Jason Tole</i>		Date		07/09/2018	
Printed name of authorized officer					Jason Tole				
Title or position of authorized officer					Assistant GM/CFO				
Telephone number of authorized officer:					(940) 886-2217 ext.				
Study Area Code of Reporting Carrier			442141		Filing Due Date for this form (mm/dd/yyyy)		July 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, 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: **SOUTH PLAINS TEL. COOP.,INC.**

Signature of Authorized Officer or employee: **Scotty Hart**
Digitally signed by Scotty Hart DN:cn=Scotty Hart,email=scotthart@sptc.net,O=south plains tel. coop.,inc.,l=Lubbock TX 79408-1379, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Scotty Hart**

Title or position of Authorized Officer or employee: **CEO / General Manager**

Telephone number of Authorized Officer or employee: **806-763-2301**

Study Area Code of Reporting Carrier	442143		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **TATUM TEL. CO.**

Signature of Authorized Officer or employee: **Amanda Molina**
Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=tatum tel. co.,l= , Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Amanda Molina**

Title or position of Authorized Officer or employee: **Vice President of External Relations**

Telephone number of Authorized Officer or employee: **904-259-0029**

Study Area Code of Reporting Carrier	442150		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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					West Texas Rural Telephone Cooperative, Inc.				
Signature of authorized officer				<i>Amy Linzey</i>		Date		05/16/18	
Printed name of authorized officer				Amy Linzey					
Title or position of authorized officer				Chief Executive Officer					
Telephone number of authorized officer:				(806) 364-3331 _{ext.}					
Study Area Code of Reporting Carrier		442166		Filing Due Date for this form (mm/dd/yyyy)		6/18/2018			
<p>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.</p>									

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, 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: **WES-TEX TELEPHONE CO-OP.**

Signature of Authorized Officer or employee: Darren Patrick	Digitally signed by Darren Patrick DN:cn=Darren Patrick,email=dpatrick@westex.coop,O=wes-tex telephone co-op.,l=Stanton TX 79782, Date:5/22/2018	Date: 5/22/2018
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Printed name of Authorized Officer or employee: **Darren Patrick**

Title or position of Authorized Officer or employee: **Executive VP/General Manager**

Telephone number of Authorized Officer or employee: **432-756-3393**

Study Area Code of Reporting Carrier	442168		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **XIT RURAL TELEPHONE CO-OP. INC.**

Signature of Authorized Officer or employee: **Darrell Dennis**
Digitally signed by Darrell Dennis DN:cn=Darrell Dennis,email=ddennis@xitcomm.net,O=xit rural telephone co-op. inc.,l=Dalhart TX 79022, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Darrell Dennis**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **806-384-3311**

Study Area Code of Reporting Carrier

442170

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)(vi).			
Name of Reporting Carrier: ENMR Telephone Cooperative			
Signature of authorized officer: <i>David J. Robinson</i>		Date: 5/25/18	
Printed name of authorized officer: David J. Robinson			
Title or position of authorized officer: Chief Executive Officer			
Telephone number of authorized officer: (575) 389-5100 ext.			
Study Area Code of Reporting Carrier: 442262		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				Hopi Telecommunications, Inc.	
Signature of authorized officer				Date	05/16/2018
Printed name of authorized officer		Carroll Onsay			
Title or position of authorized officer		President/General Manager			
Telephone number of authorized officer		(928) 522-8428 ext.			
Study Area Code of Reporting Carrier		450815	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, 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: **SAN CARLOS APACHE TELECOMM. UTILITY, INC.**

Signature of Authorized Officer or employee:	Shirley Ortiz Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache telecomm. utility, inc.,l=Peridot AZ 85542, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Shirley Ortiz**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **928-475-7058**

Study Area Code of Reporting Carrier	452169		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 Tohono O'odham Utility Authority				
Signature of authorized officer <i>Harriet Toro</i>			Date	5/24/2018
Printed name of authorized officer Harriet Toro				
Title or position of authorized officer Chairwoman				
Telephone number of authorized officer: (520) 383-2236				
Study Area Code of Reporting Carrier	452173	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, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **VALLEY TELEPHONE COOPERATIVE INC-AZ**

Signature of Authorized Officer or employee: **Steven Metts**
Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley telephone cooperative inc-az,|=Willcox AZ 85644, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Steven Metts**

Title or position of Authorized Officer or employee: **CEO / General Manager**

Telephone number of Authorized Officer or employee: **520-384-2231**

Study Area Code of Reporting Carrier	452176		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Valley Telephone Cooperative Inc., AZ/Copper Valley Telephone	
Signature of authorized officer			Date		7-9-18
Printed name of authorized officer			Steve Metts		
Title or position of authorized officer			C.E.O.		
Telephone number of authorized officer:			(520) 384-9001 _{ext}		
Study Area Code of Reporting Carrier		452176	Filing Due Date for this form (mm/dd/yyyy)	July 2018	
<p>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.</p>					

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, 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: **GILA RIVER TELECOMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Peter Quam**
Digitally signed by Peter Quam DN:cn=Peter Quam,email=pquam@gilarivertel.com,O=gila river telecommunications, inc., Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Peter Quam**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **520-796-8878**

Study Area Code of Reporting Carrier

452179

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				Fort Mojave Telecommunications, Inc.	
Signature of authorized officer		<i>Chester Caulder</i>		Date	5/29/2018
Printed name of authorized officer		Chester Caulder			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(928) 346-2500			
Study Area Code of Reporting Carrier	452200	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018		
<p>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.</p>					

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, 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: **MIDVALE TELEPHONE EXCHANGE, INC.-ARIZONA**

Signature of Authorized Officer or employee: **John Stuart**
Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale telephone exchange, inc.-arizona,l=Midvale ID 83645, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **John Stuart**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **208-355-2211**

Study Area Code of Reporting Carrier

452226

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, 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: **TABLE TOP TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Matthew Boos**
Digitally signed by Matthew Boos DN:cn=Matthew Boos,email=mjboos@ponderosatel.com,O=table top telephone company, inc.,I=O'Neals CA 93645-0021, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Matthew Boos**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **559-868-6322**

Study Area Code of Reporting Carrier

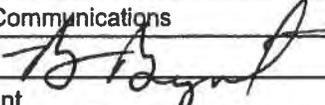
453334

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 Saddleback Communications			
Signature of authorized officer 		Date	May 29, 2018
Printed name of authorized officer Bill Bryant			
Title or position of authorized officer President/General Manager			
Telephone number of authorized officer: (480) 362-7001			
Study Area Code of Reporting Carrier	457991	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, 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: **AGATE MUTUAL TELEPHONE COOPERATIVE ASSOC.**

Signature of Authorized Officer or employee: **Judy Hollembeak**
Digitally signed by Judy Hollembeak DN:cn=Judy Hollembeak,email=amtca@amtca.net,O=agate mutual telephone cooperative assoc.,I=Agate CO 80101, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Judy Hollembeak**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **719-764-2578**

Study Area Code of Reporting Carrier	462178		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BIJOU TEL COOPERATIVE ASSOC. INC**

Signature of Authorized Officer or employee: Brian Creveling	Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel cooperative assoc. inc,l= , Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Brian Creveling**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **303-822-5400**

Study Area Code of Reporting Carrier	462181		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BLANCA TELEPHONE COMPANY DBA BLANCA NETWORKS**

Signature of Authorized Officer or employee: **Alan Wehe**
Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca telephone company dba blanca networks,l=Alamosa CO 81101, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Alan Wehe**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **719-379-3839**

Study Area Code of Reporting Carrier

462182

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, 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: **EASTERN SLOPE RURAL TEL ASSN INC**

Signature of Authorized Officer or employee: Patricia White	Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural tel assn inc, =Hugo CO 80821-0397, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Patricia White**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **719-743-2441**

Study Area Code of Reporting Carrier	462186		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **FARMERS TEL CO, INC. - COLORADO**

Signature of Authorized Officer or employee: Douglas Pace <small>Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dpace@ftitel.net,O=farmers tel co, inc. - colorado,l=Pleasant View CO 81331-0369, Date:5/29/2018</small>	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Douglas Pace**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **970-562-0058**

Study Area Code of Reporting Carrier	462188		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HAXTUN TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Amanda Molina**
Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=haxtun telephone company,l= , Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Amanda Molina**

Title or position of Authorized Officer or employee: **Vice President of External Relations**

Telephone number of Authorized Officer or employee: **904-259-0029**

Study Area Code of Reporting Carrier	462190		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NUCLA-NATURITA TEL. CO.**

Signature of Authorized Officer or employee: **Kelly Tomlinson**
Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucla-naturita tel. co.,l=Nucla CO 81424, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Kelly Tomlinson**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **970-864-7335**

Study Area Code of Reporting Carrier	462193		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NUNN TEL. COMPANY**

Signature of Authorized Officer or employee: **Greg Grablander**
Digitally signed by Greg Grablander DN:cn=Greg Grablander,email=greg@ezlink.com,O=nunn tel. company,l=Nunn CO 80648, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Greg Grablander**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **970-897-2200**

Study Area Code of Reporting Carrier

462194

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, 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: **SOUTH PARK TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **David Shipley**
Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@usch.com,O=south park telephone company,l=Colorado City CO 81019-0166, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **719-676-4151**

Study Area Code of Reporting Carrier

462195

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, 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: **PEETZ COOP. TEL. CO.**

Signature of Authorized Officer or employee: Randy Kottwitz <small>Digitally signed by Randy Kottwitz DN:cn=Randy Kottwitz,email=randy@peetzplace.com,O=peetz coop. tel. co.,l=Peetz CO 80747, Date:5/21/2018</small>	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Randy Kottwitz**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **970-334-2220**

Study Area Code of Reporting Carrier	462196		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PHILLIPS COUNTY TEL. CO.**

Signature of Authorized Officer or employee: Vincent Kropp <small>Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vince.kropp@pctelcom.org,O=phillips county tel. co.,l=Holyoke CO 80734, Date:5/21/2018</small>	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Vincent Kropp**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **970-854-2201**

Study Area Code of Reporting Carrier	462197		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PINE DRIVE TEL. CO.**

Signature of Authorized Officer or employee: **Matthew Sellers**
Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel. co.,l=Beulah CO 81023, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Matthew Sellers**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **719-485-3400**

Study Area Code of Reporting Carrier	462198		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PLAINS COOPERATIVE TEL. ASSOC. INC.**

Signature of Authorized Officer or employee: **Ronny Puckett**
Digitally signed by Ronny Puckett DN:cn=Ronny Puckett,email=ronnypuckett@plainstel.com,O=plains cooperative tel. assoc. inc.,l=Joes CO 80822, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Ronny Puckett**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **970-358-4211**

Study Area Code of Reporting Carrier

462199

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, 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: **RICO TEL. CO.**

Signature of Authorized Officer or employee: **Jeremy Smith**
Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=rico tel. co.,l=Rockland ID 83271, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Jeremy Smith**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

462201

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, 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: **ROGGEN TELEPHONE COOPERATIVE CO.**

Signature of Authorized Officer or employee: **Peggy Manino**
Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen telephone cooperative co.,l=Roggen CO 80652-0100, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Peggy Manino**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **303-849-5260**

Study Area Code of Reporting Carrier

462202

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, 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: **THE RYE TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **David Shipley**
Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=the rye telephone company inc.,l=Colorado City CO 81019-0166, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **719-676-3131**

Study Area Code of Reporting Carrier

462203

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, 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: **STONEHAM COOPERATIVE TEL. CO.**

Signature of Authorized Officer or employee: Taya Northrup	Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham cooperative tel. co.,l=Stoneham CO 80754, Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Taya Northrup**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **970-735-2251**

Study Area Code of Reporting Carrier	462206		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WIGGINS TEL. ASSOC.**

Signature of Authorized Officer or employee: **Terry Hendrickson**
Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wigginstel.com,O=wiggins tel. assoc.,l=Wiggins CO 80654-0690, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Terry Hendrickson**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **970-483-7343**

Study Area Code of Reporting Carrier	462209		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WILLARD TEL. CO.**

Signature of Authorized Officer or employee: Aimee Dollerschell	Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtel.com,O=willard tel. co.,l= , Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Aimee Dollerschell**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **970-228-4571**

Study Area Code of Reporting Carrier	462210		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ALBION TEL. CO. D/B/A ATC COMMUNICATIONS**

Signature of Authorized Officer or employee: Rich Redman	Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel. co. d/b/a atc communications, =Albion ID 83311, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Rich Redman**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **208-673-5335**

Study Area Code of Reporting Carrier	472213		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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: Albion Telephone Company, Inc.			
Signature of authorized officer: 	Date:	7/7/18	
Printed name of authorized officer: Rich Redman			
Title or position of authorized officer: Vice President			
Telephone number of authorized officer: (208) 673-5335 ext.			
Study Area Code of Reporting Carrier:	472213	Filing Due Date for this form (mm/dd/yyyy)	July 2018
<p>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.</p>			

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, 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: **CUSTER TEL. COOPERATIVE INC.**

Signature of Authorized Officer or employee: **Dennis Thornock**
Digitally signed by Dennis Thornock DN:cn=Dennis Thornock,email=dennis@custertel.net,O=custer tel. cooperative inc.,j=Challis ID 83226, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Dennis Thornock**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **208-879-2281**

Study Area Code of Reporting Carrier	472218		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **FILER MUTUAL TELEPHONE COMPANY - ID**

Signature of Authorized Officer or employee: **Bob Kraut**
Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bobk@filertel.com,O=filer mutual telephone company - id,|Filer ID 83328-0089, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Bob Kraut**

Title or position of Authorized Officer or employee: **General Manager/COO**

Telephone number of Authorized Officer or employee: **208-326-4330**

Study Area Code of Reporting Carrier

472220

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, 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: **FARMERS MUTUAL TEL CO LTD. - ID**

Signature of Authorized Officer or employee: **Daniel Greig**
Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel co ltd. - id,=Fruitland ID 83619, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Daniel Greig**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-452-3100**

Study Area Code of Reporting Carrier	472221		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 Farmers Mutual Telephone Company				
Signature of authorized officer <i>Daniel E Greig</i>			Date	07/03/2018
Printed name of authorized officer Daniel E. Greig				
Title or position of authorized officer General Manager				
Telephone number of authorized officer: (208) 452-2000				
Study Area Code of Reporting Carrier		472221	Filing Due Date for this form (mm/dd/yyyy)	July 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, 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: **MIDVALE TEL. EXCH. INC.**

Signature of Authorized Officer or employee: **John Stuart**
Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale tel. exch. inc.,j=Midvale ID 83645, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **John Stuart**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **208-355-2211**

Study Area Code of Reporting Carrier

472226

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, 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: **MUD LAKE TELEPHONE COOPERATIVE ASSN. INC.**

Signature of Authorized Officer or employee: **Justin Petersen**
Digitally signed by Justin Petersen DN:cn=Justin Petersen,email=petersen.j@mudlake.net,O=mud lake telephone cooperative assn. inc.,l=Dubois ID 83423, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Justin Petersen**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **208-374-5401**

Study Area Code of Reporting Carrier

472227

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, 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: **PROJECT MUTUAL TEL. COOP. ASSN.**

Signature of Authorized Officer or employee: **Rick Harder**
Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel. coop. assn., Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Rick Harder**

Title or position of Authorized Officer or employee: **CFO/Treasurer**

Telephone number of Authorized Officer or employee: **208-434-7124**

Study Area Code of Reporting Carrier	472231		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DIRECT COMMUNICATIONS ROCKLAND, INC.**

Signature of Authorized Officer or employee: Leonard May	Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct communications rockland, inc.,=Rockland ID 83271, Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Leonard May**

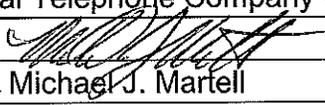
Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier	472232		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 Rural Telephone Company - Idaho				
Signature of authorized officer 			Date	05/30/18
Printed name of authorized officer Michael J. Martell				
Title or position of authorized officer Vice-President				
Telephone number of authorized officer: (208) 366-2614				
Study Area Code of Reporting Carrier	472233	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, 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: **COLUMBINE TEL. CO. DBA SILVER STAR COMM.**

Signature of Authorized Officer or employee: Jefferson England <small>Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=columbine tel. co. dba silver star comm.,l=Freedom WY 83120, Date:5/23/2018</small>	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Jefferson England**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **307-883-6675**

Study Area Code of Reporting Carrier	472295		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **INLAND TELEPHONE COMPANY - ID**

Signature of Authorized Officer or employee: James Brooks	Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,/=Roslyn WA 98941, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **James Brooks**

Title or position of Authorized Officer or employee: **Treasurer/Controller/Reg. Manager**

Telephone number of Authorized Officer or employee: **509-649-2211**

Study Area Code of Reporting Carrier	472423		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HOT SPRINGS TEL. CO.**

Signature of Authorized Officer or employee: Kathe Johnson	Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe_ann@yahoo.com,O=hot springs tel. co.,l=Missoula MT 59808, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Kathe Johnson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **406-721-0846**

Study Area Code of Reporting Carrier	482241		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **INTERBEL TEL. COOPERATIVE INC.**

Signature of Authorized Officer or employee: **Randy Wilson**
Digitally signed by Randy Wilson DN:cn=Randy Wilson,email=rwilson@interbel.com,O=interbel tel. cooperative inc.,l=Eureka MT 59917, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Randy Wilson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **406-889-3311**

Study Area Code of Reporting Carrier

482242

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, 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: **LINCOLN TEL. CO. INC.**

Signature of Authorized Officer or employee: **Ken Lumpkin**
Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincotel.net,O=lincoln tel. co. inc.,l= , Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Ken Lumpkin**

Title or position of Authorized Officer or employee: **General Manager / Secretary / Treasurer**

Telephone number of Authorized Officer or employee: **406-362-4216**

Study Area Code of Reporting Carrier	482244		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NORTHERN TEL. COOP INC.- MT**

Signature of Authorized Officer or employee: **Mike Sheard**
Digitally signed by Mike Sheard DN:cn=Mike Sheard,email=accounting@northerntel.net,O=northern tel. coop inc.- mt,l=Sunburst MT 59482, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Mike Sheard**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **406-937-9661**

Study Area Code of Reporting Carrier

482248

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, 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: **PROJECT TEL. CO.**

Signature of Authorized Officer or employee: **Remi Sun**
Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=project tel. co.,l=Scobey MT 59263-0600, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Remi Sun**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-783-2358**

Study Area Code of Reporting Carrier

482250

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, 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: **RANGE TEL. COOP INC.-MT**

Signature of Authorized Officer or employee: **Gail Rainey**
Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. coop inc.-mt,l=Forsyth MT 59327, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Gail Rainey**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-347-2859**

Study Area Code of Reporting Carrier	482251		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SOUTHERN MONTANA TEL. CO.**

Signature of Authorized Officer or employee: Larry Mason	Digitally signed by Larry Mason DN:cn=Larry Mason,email=L.Mason@SMTel.com,O=southern montana tel. co.,=Wisdom MT 59761, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Larry Mason**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **406-689-3333**

Study Area Code of Reporting Carrier	482254		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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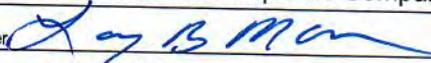
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Southern Montana Telephone Company**

Signature of authorized officer 

Date **7/10/2018**

Printed name of authorized officer **Larry B Mason**

Title or position of authorized officer **General Manager**

Telephone number of authorized officer: **(406) 689-3333**
ext.

Study Area Code of Reporting Carrier **482254**

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

~~July 2018~~
7/17/2018

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, 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: **3-RIVERS TEL. COOPERATIVE INC.**

Signature of Authorized Officer or employee: **David Massey**
Digitally signed by David Massey DN:cn=David Massey,email=david.massey@3rivers.coop,O=3-rivers tel. cooperative inc.,I=Fairfield MT 59436, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **David Massey**

Title or position of Authorized Officer or employee: **CFO/Director of Finance**

Telephone number of Authorized Officer or employee: **406-467-4402**

Study Area Code of Reporting Carrier

482255

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, 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: **TRIANGLE TEL. COOPERATIVE ASSN. INC.**

Signature of Authorized Officer or employee: **Craig Gates**
Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel. cooperative assn. inc.,l=Havre MT 59501, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Craig Gates**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **406-394-7807**

Study Area Code of Reporting Carrier	482257		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **TRIANGLE TELEPHONE COOPERATIVE ASSN., INC.-CMC**

Signature of Authorized Officer or employee: **Craig Gates**
Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle telephone cooperative assn.,inc.-cmc,l=Havre MT 59501, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **Craig Gates**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **406-394-7807**

Study Area Code of Reporting Carrier

483310

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, 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: **MESCALERO APACHE TELECOM, INC.**

Signature of Authorized Officer or employee: **Godfrey Enjady**
Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache telecom, inc.,I=Mescalero NM 88340, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Godfrey Enjady**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **505-795-5555**

Study Area Code of Reporting Carrier	491231		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DELL TELEPHONE CO-OP. INC.-NM**

Signature of Authorized Officer or employee: **Marcy Guillen**
Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delltelco.com,O=dell telephone co-op. inc.-nm,l=Dell City TX 79837, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Marcy Guillen**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **915-964-2352**

Study Area Code of Reporting Carrier

492066

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, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **VALLEY TELEPHONE COOPERATIVE INC-NM**

Signature of Authorized Officer or employee: **Steven Metts**
Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley telephone cooperative inc-nm,|=Willcox AZ 85644, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Steven Metts**

Title or position of Authorized Officer or employee: **CEO / General Manager**

Telephone number of Authorized Officer or employee: **520-384-2231**

Study Area Code of Reporting Carrier	492176		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 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				Valley Telephone Cooperative Inc., NM	
Signature of authorized officer				Date	7/9/18
Printed name of authorized officer		Steve Metts			
Title or position of authorized officer		C.E.O.			
Telephone number of authorized officer:		(520) 384-9001 ext.			
Study Area Code of Reporting Carrier	492176	Filing Due Date for this form (mm/dd/yyyy)	July 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, 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: **BACA VALLEY TEL. CO.**

Signature of Authorized Officer or employee: **Paul Briesh**
Digitally signed by Paul Briesh DN:cn=Paul Briesh,email=paulbvt@bacavalley.com,O=baca valley tel. co.,l=Des Moines NM 88418, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Paul Briesh**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **575-278-2101**

Study Area Code of Reporting Carrier

492259

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 ENMR Telephone Cooperative			
Signature of authorized officer <i>David J. Robinson</i>		Date	5/25/18
Printed name of authorized officer David J. Robinson			
Title or position of authorized officer Chief Executive Officer			
Telephone number of authorized officer: (575) 389-5100			
Study Area Code of Reporting Carrier	492262	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, 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: **LA JICARITA RURAL TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Danny Gray**
Digitally signed by Danny Gray DN:cn=Danny Gray,email=dgray@lajicarita.com,O=la jicarita rural tel. coop. inc.,l=Mora NM 87732-0269, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Danny Gray**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **575-387-2216**

Study Area Code of Reporting Carrier	492263		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **LEACO RURAL TEL. COOPERATIVE INC.**

Signature of Authorized Officer or employee: **Dale Snider**
Digitally signed by Dale Snider DN:cn=Dale Snider,email=dsnider@leaco.org,O=leaco rural tel. cooperative inc.,l= , Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Dale Snider**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **575-433-4301**

Study Area Code of Reporting Carrier

492264

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, 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: **Tularosa Basin Telephone Company, Inc.**

Signature of Authorized Officer or employee: Joshua Beug <small>Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbc.net,O=tularosa basin telephone company, inc., Date:5/29/2018</small>	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Joshua Beug**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **575-585-0125**

Study Area Code of Reporting Carrier	492265		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WESTERN NEW MEXICO TEL. CO., INC.**

Signature of Authorized Officer or employee: **John Francis**
Digitally signed by John Francis DN:cn=John Francis,email=jfrancis@wnmt.com,O=western new mexico tel. co., inc.,l=Silver City NM 88061, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **John Francis**

Title or position of Authorized Officer or employee: **Exec. Vice President**

Telephone number of Authorized Officer or employee: **575-535-2230**

Study Area Code of Reporting Carrier	492268		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PENASCO VALLEY TEL. COOPERATIVE INC.**

Signature of Authorized Officer or employee: **Ian Brumana**
Digitally signed by Ian Brumana DN:cn=Ian Brumana,email=ibrumana@pvt.com,O=penasco valley tel. cooperative inc.,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Ian Brumana**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **575-748-1241**

Study Area Code of Reporting Carrier

492270

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, 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: **ROOSEVELT COUNTY RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: Cecile Archibeque	Digitally signed by Cecile Archibeque DN:cn=Cecile Archibeque,email=cecile@yuccatelecom.com,O=roosevelt county rural tel. coop.,inc.,l=Portales NM 88130-0867, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Cecile Archibeque**

Title or position of Authorized Officer or employee: **General Manager/EO**

Telephone number of Authorized Officer or employee: **575-226-2255**

Study Area Code of Reporting Carrier	492272		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SACRED WIND COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **John Badal**
Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind communications, inc.,l= , Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **John Badal**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **505-908-2670**

Study Area Code of Reporting Carrier	493403		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DIRECT COMMUNICATIONS CEDAR VALLEY, LLC**

Signature of Authorized Officer or employee: **Kip Wilson**
Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=direct communications cedar valley, llc,=Rockland ID 83271, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Kip Wilson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier	500758		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				DIRECT COMMUNICATIONS CEDAR VALLEY	
Signature of authorized officer		R. M. Pannish		Date	6 SEP 2018
Printed name of authorized officer				R. MICHAEL PANNISH	
Title or position of authorized officer				CFO	
Telephone number of authorized officer: () - , ext.				208-548-2345	
Study Area Code of Reporting Carrier		500758		Filing Due Date for this form (mm/dd/yyyy)	September 2018
<p>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.</p>					

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, 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: **CENTRAL UTAH TEL. INC.**

Signature of Authorized Officer or employee: **Mike Plows**
Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel. inc.,l= , Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Mike Plows**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **425-275-1013**

Study Area Code of Reporting Carrier	502277		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GUNNISON TEL. CO.**

Signature of Authorized Officer or employee: **Natalie Gleave**
Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Natalie Gleave**

Title or position of Authorized Officer or employee: **Controller/Director**

Telephone number of Authorized Officer or employee: **435-528-7236**

Study Area Code of Reporting Carrier	502279		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MANTI TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Dallas Cox**
Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti telephone company,l= , Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Dallas Cox**

Title or position of Authorized Officer or employee: **Vice President and General Manager**

Telephone number of Authorized Officer or employee: **435-835-3391**

Study Area Code of Reporting Carrier	502282		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **SKYLINE TELECOM**

Signature of Authorized Officer or employee: **Mike Plows**
Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc= , Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Mike Plows**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **425-275-1013**

Study Area Code of Reporting Carrier

502283

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, 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: **BEEHIVE TELEPHONE CO., INC., UT**

Signature of Authorized Officer or employee:	Jacob Warner	Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive telephone co., inc., ut, Date:5/17/2018	Date: 5/17/2018

Printed name of Authorized Officer or employee: **Jacob Warner**

Title or position of Authorized Officer or employee: **President/General Manager**

Telephone number of Authorized Officer or employee: **435-837-6000**

Study Area Code of Reporting Carrier	502284		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SOUTH CENTRAL UTAH TEL. ASSN. INC.**

Signature of Authorized Officer or employee: **Michael East**
Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah tel. assn. inc., Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Michael East**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **435-826-4211**

Study Area Code of Reporting Carrier	502286		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ALL WEST COMMUNICATIONS-UT**

Signature of Authorized Officer or employee: Jenny Prescott	Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west communications-ut,l=Kamas UT 84036, Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Jenny Prescott**

Title or position of Authorized Officer or employee: **VP Customer Service & Finance**

Telephone number of Authorized Officer or employee: **435-783-4913**

Study Area Code of Reporting Carrier	502288		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BEAR LAKE COMMUNICATIONS**

Signature of Authorized Officer or employee: **Mike Plows**
Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake communications,|= , Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Mike Plows**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **425-275-1013**

Study Area Code of Reporting Carrier

503032

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, 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: **RANGE TEL. COOPERATIVE INC.-WY**

Signature of Authorized Officer or employee: Gail Rainey	Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. cooperative inc.-wy,l=Forsyth MT 59327, Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Gail Rainey**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-347-2859**

Study Area Code of Reporting Carrier	512251		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CHUGWATER TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Carolyn Somers	Digitally signed by Carolyn Somers DN:cn=Carolyn Somers,email=csomers@mwtcorp.net,O=chugwater telephone company, Date:5/30/2018	Date: 5/30/2018
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Printed name of Authorized Officer or employee: **Carolyn Somers**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **307-233-8363**

Study Area Code of Reporting Carrier	512289		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ALL WEST COMMUNICATIONS-WY**

Signature of Authorized Officer or employee: Jenny Prescott	Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west communications-wy,l=Kamas UT 84036, Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Jenny Prescott**

Title or position of Authorized Officer or employee: **VP Customer Service & Finance**

Telephone number of Authorized Officer or employee: **435-783-4913**

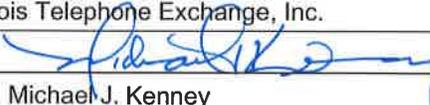
Study Area Code of Reporting Carrier	512290		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Dubois Telephone Exchange, Inc.	
Signature of authorized officer				Date	5/22/18
Printed name of authorized officer		Michael J. Kenney			
Title or position of authorized officer		Vice President/General Manager			
Telephone number of authorized officer:		(307) 455-2341 ext.			
Study Area Code of Reporting Carrier	512291	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, 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: **SILVER STAR TEL. CO.- WY**

Signature of Authorized Officer or employee: Jefferson England	Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel. co.- wy,l=Freedom WY 83120, Date:5/23/2018	Date: 5/23/2018
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Printed name of Authorized Officer or employee: **Jefferson England**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **307-883-6675**

Study Area Code of Reporting Carrier	512295		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **WESTGATE COMMUNICATIONS LLC dba WEAVTEL**

Signature of Authorized Officer or employee: **Richard Weaver**
Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate communications llc dba weavtel,l=Chelan WA 98816, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Richard Weaver**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **509-682-5556**

Study Area Code of Reporting Carrier	520580		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **SKYLINE TELECOM COMPANY**

Signature of Authorized Officer or employee: **Delinda Kluser**
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom company,I=MT, Vernon OR 97865-0609, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier	520581		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HAT ISLAND TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Chris Burns**
Digitally signed by Chris Burns DN:cn=Chris Burns,email=chris.burns@whidbeytel.com,O=hat island telephone company, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Chris Burns**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **360-321-0036**

Study Area Code of Reporting Carrier

522417

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

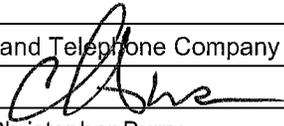
6/18/2018

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

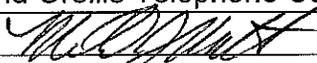
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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				Hat Island Telephone Company	
Signature of authorized officer				Date	
				7/10/18	
Printed name of authorized officer				Christopher Burns	
Title or position of authorized officer				Chief Operating Officer	
Telephone number of authorized officer:				369 3210086	
Study Area Code of Reporting Carrier		522417		Filing Due Date for this form (mm/dd/yyyy)	
				July 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 Pend Oreille Telephone Company				
Signature of authorized officer 			Date	05/30/18
Printed name of authorized officer Michael J. Martell				
Title or position of authorized officer Vice-President				
Telephone number of authorized officer: (208) 366-2614				
Study Area Code of Reporting Carrier		522418	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, 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: **HOOD CANAL TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Richard Buechel**
Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal telephone company,I=Union WA 98592, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Richard Buechel**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **360-898-2481**

Study Area Code of Reporting Carrier	522419		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **INLAND TELEPHONE COMPANY - WA**

Signature of Authorized Officer or employee: James Brooks <small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - wa,l=Roslyn WA 98941, Date:5/25/2018</small>	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **James Brooks**

Title or position of Authorized Officer or employee: **Treasurer/Controller/Reg. Manager**

Telephone number of Authorized Officer or employee: **509-649-2211**

Study Area Code of Reporting Carrier	522423		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **KALAMA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Rick Vitzthum	Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Rick Vitzthum**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **360-264-3155**

Study Area Code of Reporting Carrier	522426		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MASHELL TELECOM INC.**

Signature of Authorized Officer or employee: **Brian Haynes**
Digitally signed by Brian Haynes DN:cn=Brian Haynes,email=brian.haynes@rainierconnect.net,O=mashell telecom inc.,l=Eatonville WA 98328, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Brian Haynes**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **360-892-4130**

Study Area Code of Reporting Carrier	522431		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 Mashell Telecom, Inc.				
Signature of authorized officer 		Date		7/10/18
Printed name of authorized officer Danielle Clausen				
Title or position of authorized officer Controller				
Telephone number of authorized officer: (360) 832-4130				
Study Area Code of Reporting Carrier		522431	Filing Due Date for this form (mm/dd/yyyy)	July 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, 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: **PIONEER TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Dallas Filan**
Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer telephone company,l=Lacrosse WA 99143, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Dallas Filan**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **509-549-3511**

Study Area Code of Reporting Carrier

522437

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, 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: **ST. JOHN TELEPHONE, INC.**

Signature of Authorized Officer or employee: **Eric Trump**
Digitally signed by Eric Trump DN:cn=Eric Trump,email=eric@stjohncable.com,O=st. john telephone, inc.,l=St. John WA 99171, Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Eric Trump**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **509-648-3322**

Study Area Code of Reporting Carrier	522442		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **TENINO TEL. CO.**

Signature of Authorized Officer or employee: Rick Vitzthum	Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino tel. co.,l=Tenino WA 98589, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Rick Vitzthum**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **360-264-3155**

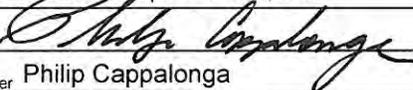
Study Area Code of Reporting Carrier	522446		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

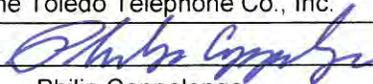
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				The Toledo Telephone Co., Inc.			
Signature of authorized officer					Date		5/25/2018
Printed name of authorized officer			Philip Cappalonga				
Title or position of authorized officer			CFO				
Telephone number of authorized officer:			(360) 864-2004				
Study Area Code of Reporting Carrier		522447	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				The Toledo Telephone Co., Inc.	
Signature of authorized officer				Date	07/10/2018
Printed name of authorized officer		Philip Cappalonga			
Title or position of authorized officer		CFO			
Telephone number of authorized officer:		(360) 864-2004 ext.			
Study Area Code of Reporting Carrier	522447	Filing Due Date for this form (mm/dd/yyyy)	July 2018		
<p>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.</p>					

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					WESTERN WAHKIAKUM COUNTY TELEPHONE COMPANY				
Signature of authorized officer					Date		05/16/2018		
Printed name of authorized officer					STEVEN M. APPELO				
Title or position of authorized officer					PRESIDENT				
Telephone number of authorized officer: (360) 465-2211 ext.									
Study Area Code of Reporting Carrier			522451		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, 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: **WHIDBEY TEL. CO.**

Signature of Authorized Officer or employee: **Chris Burns**
Digitally signed by Chris Burns DN:cn=Chris Burns,email=chris.burns@whidbeytel.com,O=whidbey tel. co., Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Chris Burns**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **360-321-0036**

Study Area Code of Reporting Carrier

522452

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 Whidbey Telephone Company

Signature of authorized officer



7/10/18 Date

7/10/2018

Printed name of authorized officer Christopher Burns

Title or position of authorized officer Chief Operating Officer

Telephone number of authorized officer: 360521036 ext.

Study Area Code of Reporting Carrier 522452

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

July 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, 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: **BEAVER CREEK COOPERATIVE TEL. CO.**

Signature of Authorized Officer or employee: **Paul Hauer**

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=beaver creek cooperative tel. co.,l=Mt. Angel OR 97362, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Paul Hauer**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **503-845-4433**

Study Area Code of Reporting Carrier

532359

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, 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: **CANBY TELEPHONE ASSOCIATION**

Signature of Authorized Officer or employee: **Paul Hauer**
Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby telephone association,l=Mt. Angel OR 97362, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Paul Hauer**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **503-632-6314**

Study Area Code of Reporting Carrier

532362

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, 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: **CLEAR CREEK MUTUAL TELEPHONE CO.**

Signature of Authorized Officer or employee: **Mitchell Moore**
Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual telephone co.,l= , Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Mitchell Moore**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **503-631-2101**

Study Area Code of Reporting Carrier

532363

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, 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: **COLTON TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Geri Fraijo	Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=geri@coltontel.com,O=colton telephone company,l=Colton OR 97017, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Geri Fraijo**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **503-824-3211**

Study Area Code of Reporting Carrier	532364		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **EAGLE TELEPHONE SYSTEM INC.**

Signature of Authorized Officer or employee: **Mike Lattin**
Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle telephone system inc.,l=Richland OR 97870, Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Mike Lattin**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **541-893-6111**

Study Area Code of Reporting Carrier

532369

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, 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: **CASCADE UTILITIES INC.**

Signature of Authorized Officer or employee: **Brooke Wheeler**
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier	532371		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **GERVAIS TELEPHONE COMPANY DBA DATAVISION**

Signature of Authorized Officer or employee: Renee Willer	Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais telephone company dba datavision,I=Gervais OR 97026, Date:5/30/2018	Date: 5/30/2018
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Printed name of Authorized Officer or employee: **Renee Willer**

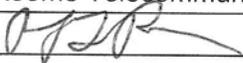
Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-792-5500**

Study Area Code of Reporting Carrier	532373		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 Roome Telecommunications Inc				
Signature of authorized officer 			Date	5/21/18
Printed name of authorized officer Randal L Roome				
Title or position of authorized officer President				
Telephone number of authorized officer: 541, 369-2211 , ext.				
Study Area Code of Reporting Carrier	532375	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, 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: **HELIX TELEPHONE COMPANY**

Signature of Authorized Officer or employee: James Smith	Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix telephone company,l=Helix OR 97385, Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **James Smith**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **541-457-2385**

Study Area Code of Reporting Carrier	532376		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HOME TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Delinda Kluser**
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=home telephone company,I=MT, Vernon OR 97865-0609, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier	532377		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **TRANS-CASCADES TELEPHONE COMPANY**

Signature of Authorized Officer or employee:	Brooke Wheeler	Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades telephone company,l=Estacada OR 97023, Date:5/21/2018	Date: 5/21/2018

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier	532378		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MOLALLA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Terry Simms**
Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla telephone company,l=Molalla OR 97038, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Terry Simms**

Title or position of Authorized Officer or employee: **Vice President/CFO**

Telephone number of Authorized Officer or employee: **503-829-1122**

Study Area Code of Reporting Carrier	532383		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MONITOR COOPERATIVE TELEPHONE CO**

Signature of Authorized Officer or employee: **Geri Fraijo**
Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor cooperative telephone co,l= , Date:5/25/2018

Date: **5/25/2018**

Printed name of Authorized Officer or employee: **Geri Fraijo**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **503-634-2266**

Study Area Code of Reporting Carrier	532384		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MONROE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **David Mills**
Digitally signed by David Mills DN:cn=David Mills,email=NECAaffairs@monroetel.com,O=monroe telephone company,l=Monroe OR 97456-0130, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **David Mills**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **541-847-5135**

Study Area Code of Reporting Carrier	532385		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CANBY TELEPHONE ASSOCIATION (MT. ANGEL)**

Signature of Authorized Officer or employee: **Paul Hauer**
Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby telephone association (mt. angel),l=Mt. Angel OR 97362, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Paul Hauer**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **503-632-6314**

Study Area Code of Reporting Carrier

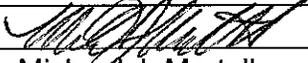
532386

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 Nehalem Telecommunications Inc.				
Signature of authorized officer 			Date	05/30/18
Printed name of authorized officer Michael J. Martell				
Title or position of authorized officer Vice-President				
Telephone number of authorized officer: (208) 366-2614				
Study Area Code of Reporting Carrier		532387	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, 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: **NORTH STATE TELEPHONE COMPANY - OR**

Signature of Authorized Officer or employee:	Delinda Kluser Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state telephone company - or,l=Mt. Vernon OR 97865-0609, Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier	532388		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **OREGON TELEPHONE CORPORATION**

Signature of Authorized Officer or employee: **Delinda Kluser**
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon telephone corporation,l=Mt. Vernon OR 97865-0609, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

532389

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, 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: **OREGON-IDAHO UTILITIES, INC.**

Signature of Authorized Officer or employee: **Justin Perez**
Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,j=Nampa ID 83653, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Justin Perez**

Title or position of Authorized Officer or employee: **Controller / Corporate Secretary**

Telephone number of Authorized Officer or employee: **208-461-7802**

Study Area Code of Reporting Carrier	532390		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PEOPLES TELEPHONE CO. - OR**

Signature of Authorized Officer or employee: **Curt Thornton**
Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples telephone co. - or,|=Stayton OR 97383, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Curt Thornton**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-769-2121**

Study Area Code of Reporting Carrier	532391		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PINE TELEPHONE SYSTEM INC. - OR**

Signature of Authorized Officer or employee: Delinda Kluser	Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=pine telephone system inc. - or, Mt. Vernon OR 97865-0609, Date:5/24/2018	Date: 5/24/2018
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Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier	532392		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **PIONEER TELEPHONE COOPERATIVE**

Signature of Authorized Officer or employee: **Michael Whalen**
Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer telephone cooperative,l=Philomath OR 97370-0631, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Michael Whalen**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **541-929-8256**

Study Area Code of Reporting Carrier

532393

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, 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: **ST. PAUL COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: Nick Schneider	Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st. paul coop. tel. assn.,l=St. Paul OR 97137, Date:5/18/2018	Date: 5/18/2018
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Printed name of Authorized Officer or employee: **Nick Schneider**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **503-633-2111**

Study Area Code of Reporting Carrier	532396		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **SCIO MUTUAL TEL. ASSOCIATION**

Signature of Authorized Officer or employee: **Thomas Barth**
Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tom.barth@smta.coop,O=scio mutual tel. association,I=Scio OR 97374, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Thomas Barth**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **503-394-3366**

Study Area Code of Reporting Carrier

532397

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, 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: **STAYTON COOP. TEL CO**

Signature of Authorized Officer or employee: Curt Thornton	Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=stayton coop. tel co,l=Stayton OR 97383, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Curt Thornton**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-769-2121**

Study Area Code of Reporting Carrier	532399		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **OREGON TELEPHONE CORPORATION (MTE-OREGON)**

Signature of Authorized Officer or employee: **Delinda Kluser**
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon telephone corporation (mte-oregon),l=Mt. Vernon OR 97865-0609, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

533336

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, 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: **CALAVERAS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Rose Cullen**
Digitally signed by Rose Cullen DN:cn=Rose Cullen,email=rose.cullen@caltel.com,O=calaveras telephone company,l=Copperopolis CA 95228, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Rose Cullen**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **209-785-2211**

Study Area Code of Reporting Carrier	542301		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CAL-ORE TELEPHONE CO.**

Signature of Authorized Officer or employee: Waihun Yee	Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@calore.net,O=cal-ore telephone co.,l=Dorris CA 96023-0847, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Waihun Yee**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **530-397-2211**

Study Area Code of Reporting Carrier	542311		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **DUCOR TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Jenifer Vellucci**
Digitally signed by Jenifer Vellucci DN:cn=Jenifer Vellucci,email=jvellucci@ducortelco.com,O=ducor telephone company,l=Ducor CA 93218, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Jenifer Vellucci**

Title or position of Authorized Officer or employee: **CFO/AGM**

Telephone number of Authorized Officer or employee: **602-432-3981**

Study Area Code of Reporting Carrier

542313

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					Foresthil Telephone Co (dba Sebastian)					
Signature of authorized officer				Date		5/25/18				
Printed name of authorized officer					Rhonda Armstrong					
Title or position of authorized officer					Vice President - Operations					
Telephone number of authorized officer: 559 846-7861, ext.										
Study Area Code of Reporting Carrier			542318		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					Kerman Telephone Co (dba Sebastian)				
Signature of authorized officer				Date		5/25/18			
Printed name of authorized officer					Rhonda Armstrong				
Title or position of authorized officer					Vice President - Operations				
Telephone number of authorized officer: (559) 846-7861 ext.									
Study Area Code of Reporting Carrier			542324		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, 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: **THE PONDEROSA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Kristann Mattes**
Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=the ponderosa telephone company,l=O'Neals CA 93645, Date:5/23/2018

Date: **5/23/2018**

Printed name of Authorized Officer or employee: **Kristann Mattes**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **559-868-6346**

Study Area Code of Reporting Carrier

542332

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, 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: **SIERRA TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: Cynthia Huber	Digitally signed by Cynthia Huber DN:cn=Cynthia Huber,email=cindyh@stcg.net,O=sierra telephone company, inc.,l=Oakhurst CA 93644, Date:5/25/2018	Date: 5/25/2018
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Printed name of Authorized Officer or employee: **Cynthia Huber**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **559-642-0209**

Study Area Code of Reporting Carrier	542338		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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				Siskiyou Telephone Company	
Signature of authorized officer		<i>James T. Lowers</i>		Date	05/21/2018
Printed name of authorized officer		James T. Lowers			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(530) 467-6000			
Study Area Code of Reporting Carrier	542339	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, 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: **VOLCANO TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Brenda Shepard**
Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Brenda Shepard**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **209-296-1447**

Study Area Code of Reporting Carrier

542343

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, 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: **PINNACLES TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Steven Bryan**
Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles telephone company,l= , Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Steven Bryan**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **831-389-4500**

Study Area Code of Reporting Carrier

542346

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, 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: **FILER MUTUAL TELEPHONE COMPANY - NV**

Signature of Authorized Officer or employee: **Bob Kraut**
Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bobk@filertel.com,O=filer mutual telephone company - nv,|=Filer ID 83328-0089, Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Bob Kraut**

Title or position of Authorized Officer or employee: **General Manager/COO**

Telephone number of Authorized Officer or employee: **208-326-4330**

Study Area Code of Reporting Carrier

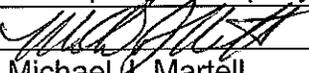
552220

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: Rural Telephone Company - NV				
Signature of authorized officer: 			Date:	05/30/18
Printed name of authorized officer: Michael G. Martell				
Title or position of authorized officer: Vice-President				
Telephone number of authorized officer: (208) 366-2614				
Study Area Code of Reporting Carrier	552233	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, 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: **BEEHIVE TELEPHONE COMPANY, INC., NV**

Signature of Authorized Officer or employee: Jacob Warner	Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive telephone company, inc., nv, Date:5/17/2018	Date: 5/17/2018
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Printed name of Authorized Officer or employee: **Jacob Warner**

Title or position of Authorized Officer or employee: **President/General Manager**

Telephone number of Authorized Officer or employee: **435-837-6000**

Study Area Code of Reporting Carrier	552284		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CHURCHILL COUNTY TEL. DBA CC COMMUNICATIONS**

Signature of Authorized Officer or employee: **Mark Feest**

Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@cccomm.co,O=churchill county tel. dba cc communications,l=Fallon NV 89407, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Mark Feest**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **775-423-7654**

Study Area Code of Reporting Carrier

552349

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, 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: **LINCOLN COUNTY TELEPHONE SYSTEM INC.**

Signature of Authorized Officer or employee: **John Christian, III**
Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln county telephone system inc.,l=Plоче NV 89043, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **John Christian, III**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **775-962-5131**

Study Area Code of Reporting Carrier

552351

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, 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: **MOAPA VALLEY TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Brad Lyon**
Digitally signed by Brad Lyon DN:cn=Brad Lyon,email=brad@mvtel.com,O=moapa valley telephone company,l=Overton NV 89040-0365, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Brad Lyon**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **702-397-2601**

Study Area Code of Reporting Carrier	552353		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **RIO VIRGIN TELEPHONE COMPANY**

Signature of Authorized Officer or employee: Brooke Wheeler	Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin telephone company,l=Estacada OR 97023, Date:5/21/2018	Date: 5/21/2018
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Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier	552356		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **HUMBOLDT TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Justin Perez**
Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt telephone company,l=Nampa ID 83653, Date:5/21/2018

Date: **5/21/2018**

Printed name of Authorized Officer or employee: **Justin Perez**

Title or position of Authorized Officer or employee: **Controller / Corporate Secretary**

Telephone number of Authorized Officer or employee: **208-461-7802**

Study Area Code of Reporting Carrier

553304

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, 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: **ADAK EAGLE ENTERPRISES, LLC dba ADAK TEL UTIL**

Signature of Authorized Officer or employee: Andilea Weaver	Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak eagle enterprises, llc dba adak tel util,j= , Date:5/29/2018	Date: 5/29/2018
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Printed name of Authorized Officer or employee: **Andilea Weaver**

Title or position of Authorized Officer or employee: **Vice President/COO**

Telephone number of Authorized Officer or employee: **907-222-0844**

Study Area Code of Reporting Carrier	610989		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **ARCTIC SLOPE TEL. ASSOCIATION COOP.INC.**

Signature of Authorized Officer or employee: **Clover McNeil**
Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel. association coop.inc.,l= , Date:5/17/2018

Date: **5/17/2018**

Printed name of Authorized Officer or employee: **Clover McNeil**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **907-564-2680**

Study Area Code of Reporting Carrier	613001		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BETTLES TELEPHONE CO. INC.**

Signature of Authorized Officer or employee: Michael Garrett	Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=bettles telephone co. inc.,l=Port Townsend WA 98368, Date:5/16/2018	Date: 5/16/2018
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Printed name of Authorized Officer or employee: **Michael Garrett**

Title or position of Authorized Officer or employee: **President / CEO**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier	613002		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BRISTOL BAY TELEPHONE COOP. INC.**

Signature of Authorized Officer or employee: **Jeffrey Fulton**
Digitally signed by Jeffrey Fulton DN:cn=Jeffrey Fulton,email=jfulton@bristolbay.com,O=bristol bay telephone coop. inc., Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Jeffrey Fulton**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **907-439-0456**

Study Area Code of Reporting Carrier	613003		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **BUSH-TEL INC.**

Signature of Authorized Officer or employee: **W. DeVore**
Digitally signed by W. DeVore DN:cn=W. DeVore, email=doug.devore@mscon.com, O=bush-tel inc., l=Aniak AK 99557-1009, Date:5/22/2018

Date: **5/22/2018**

Printed name of Authorized Officer or employee: **W. DeVore**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **907-675-4311**

Study Area Code of Reporting Carrier	613004		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **CIRCLE TELEPHONE & ELECTRIC, LLC**

Signature of Authorized Officer or employee: **David Masephol**
Digitally signed by David Masephol DN:cn=David Masephol,email=dmasephol@sbcglobal.net,O=circle telephone & electric, llc,l=Circle AK 99733, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **David Masephol**

Title or position of Authorized Officer or employee: **Member Owner**

Telephone number of Authorized Officer or employee: **907-773-5500**

Study Area Code of Reporting Carrier	613005		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **COPPER VALLEY TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Laura Kompkoff**
Digitally signed by Laura Kompkoff DN:cn=Laura Kompkoff,email=lkompkoff@cvtc.org,O=copper valley tel. coop. inc.,l=Valdez AK 99686, Date:5/18/2018

Date: **5/18/2018**

Printed name of Authorized Officer or employee: **Laura Kompkoff**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **360-918-8712**

Study Area Code of Reporting Carrier	613006		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **INTERIOR TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Brett Carter**
Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc., Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Brett Carter**

Title or position of Authorized Officer or employee: **VP/Controller**

Telephone number of Authorized Officer or employee: **907-563-2003**

Study Area Code of Reporting Carrier	613011		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **MUKLUK TEL. COMPANY, INC.**

Signature of Authorized Officer or employee: **Brett Carter**
Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=mukluk tel. company, inc., Date:5/30/2018

Date: **5/30/2018**

Printed name of Authorized Officer or employee: **Brett Carter**

Title or position of Authorized Officer or employee: **VP/Controller**

Telephone number of Authorized Officer or employee: **907-563-2003**

Study Area Code of Reporting Carrier

613016

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, 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: **ALASKA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Michael Garrett**
Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska telephone company,l=Port Townsend WA 98368, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Michael Garrett**

Title or position of Authorized Officer or employee: **President / CEO**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier	613017		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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, 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: **NUSHAGAK ELECTRIC & TELEPHONE COOP., INC.**

Signature of Authorized Officer or employee: **Robert Himschoot**
Digitally signed by Robert Himschoot DN:cn=Robert Himschoot,email=rhimschoot@nushagak.coop,O=nushagak electric & telephone coop., inc.,l=Dillingham AK 99576, Date:5/24/2018

Date: **5/24/2018**

Printed name of Authorized Officer or employee: **Robert Himschoot**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **907-842-5251**

Study Area Code of Reporting Carrier

613018

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, 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: **OTZ TELEPHONE COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Doug Neal**
Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz telephone cooperative, inc.,l=Kotzebue AK 99752, Date:5/29/2018

Date: **5/29/2018**

Printed name of Authorized Officer or employee: **Doug Neal**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **907-442-1000**

Study Area Code of Reporting Carrier	613019		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
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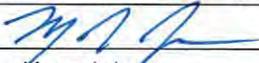
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

RECEIVED
 By bwwejp at 7:24 am, May 25, 2018

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					Yukon Telephone Company, Inc.				
Signature of authorized officer						Date		5/16/18	
Printed name of authorized officer					Krag Johnsen				
Title or position of authorized officer					VP, Wholesale Business				
Telephone number of authorized officer:					(907) 868-0718 _{ext.}				
Study Area Code of Reporting Carrier		613025		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, 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: **NORTH COUNTRY TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Michael Garrett**
Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=north country telephone company,l=Port Townsend WA 98368, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Michael Garrett**

Title or position of Authorized Officer or employee: **President / CEO**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier

613026

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

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Name of Reporting Carrier: **SUMMIT TEL & TEL CO OF ALASKA**

Signature of Authorized Officer or employee: **Roger Shoffstall**
Digitally signed by Roger Shoffstall DN:cn=Roger Shoffstall,email=rshoffstall@summittelephonenumbercompany.com,O=summit tel & tel co of alaska,l=Fairbanks AK 99710, Date:5/26/2018

Date: **5/26/2018**

Printed name of Authorized Officer or employee: **Roger Shoffstall**

Title or position of Authorized Officer or employee: **CEO, President/Owner**

Telephone number of Authorized Officer or employee: **907-389-1012**

Study Area Code of Reporting Carrier

613028

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.

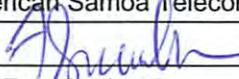
RECEIVED
 By bwwelp at 7:44 am, May 29, 2018

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 Sandwich Isles Communications, Inc.				
Signature of authorized officer <i>Breanne Kahalewai</i>			Date	5-25-18
Printed name of authorized officer Breanne Kahalewai				
Title or position of authorized officer President				
Telephone number of authorized officer: (808) 524-8400				
Study Area Code of Reporting Carrier	623021	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**

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Name of Reporting Carrier				American Samoa Telecommunications Authority	
Signature of authorized officer				Date	May 30, 2018
Printed name of authorized officer		Fala Sualevai			
Title or position of authorized officer		Acting Chief Executive Officer			
Telephone number of authorized officer:		(684) 699-1121 ext.			
Study Area Code of Reporting Carrier	673900	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

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Name of Reporting Carrier		See Attached List	
Signature of authorized officer	<i>Mike T. Skrivan</i>	Date	5/17/18
Printed name of authorized officer		Mike T. Skrivan	
Title or position of authorized officer		Vice President, Regulatory	
Telephone number of authorized officer:		(207) 535-4150	
Study Area Code of Reporting Carrier	see attached list	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.

Consolidated Company Listing

Study Area	Company Name
150073	Berkshire Telephone Company NY
462192	Big Sandy Telecom, Inc.
150078	Chautauqua & Erie Tel. Corp.
431081	Chouteau Telephone Company
462204	Columbine Telecom Company
300604	Columbus Grove Telephone Company
100015	Community Service Telephone Company
341009	C-R Telephone Company
341004	El Paso Telephone Company
522412	Ellensburg Telephone Company
421472	FairPoint Communications Missouri, Inc.
300618	Germantown Independent Tel. Co.
210291	GTC, Inc. FL Florala
210329	GTC, Inc. FL Perry
210339	GTC, Inc. FL St Joe
170185	Marianna-Scenery Hill Tel. Co.
341065	Odin Telephone Exchange, Inc.
300649	Orwell Telephone Company
190244	Peoples Mutual Telephone Company, Inc.
411835	Sunflower Telephone Co/Bluestem Telephone Co.
461835	Sunflower Telephone Company, Inc.
150084	Taconic Telephone Corp.
170145	The Bentleyville Telephone Company
522453	YCOM Networks, Inc.

DATA REVISED 5/18/18

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 5/14/2018	
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)	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.			

- 361413 – Mid-State Telephone Company dba KMP
- 240535 – Norway Telephone Company, Inc.
- 250311 – Oakman Telephone Company, Inc.
- 320816 – S and W Telephone Company
- 300662 – The Vanlue Telephone Company
- 320837 - West Point Telephone Company