

# VOLUME 1

## APPENDIX D Exhibit 2

### CARRIER CERTIFICATIONS Carrier Eligibility for CAF/ICC Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">OXFORD WEST TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Skellie</span>				<small>Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford west tel. co.,l= , Date:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Skellie</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">SVP of Finance</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">518-694-0550</span>					
Study Area Code of Reporting Carrier	100002		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

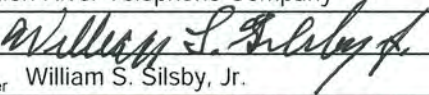
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LINCOLNVILLE NETWORKS, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Shirley Manning</span>				<small>Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@lintelco.net,O=lincolnvill networks, inc.,l= , Date:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Shirley Manning</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">207-563-9941</span>					
Study Area Code of Reporting Carrier	100003		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>OXFORD COUNTY TEL. &amp; TELE. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Skellie</b></p>				<p><small>Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford county tel. &amp; tele. co.,l= , Date:5/16/2019</small></p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Skellie</b></p>					
<p>Title or position of Authorized Officer or employee: <b>SVP of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-694-0550</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>100019</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Union River Telephone Company				
Signature of authorized officer 		Date	05/28/2019	
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 <sub>ext.</sub>				
Study Area Code of Reporting Carrier	100027	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>UNITEL, INC.</b>					
Signature of Authorized Officer or employee: <b>Laurie Osgood</b> <small>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@unitel.me,O=unitel, inc.,l=Unity ME 04988-0165, Date:5/23/2019</small>				Date: <b>5/23/2019</b>	
Printed name of Authorized Officer or employee: <b>Laurie Osgood</b>					
Title or position of Authorized Officer or employee: <b>CEO/President</b>					
Telephone number of Authorized Officer or employee: <b>207-948-9952</b>					
Study Area Code of Reporting Carrier	<b>100029</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>MAGNA5 RTC LLC dba RICHMOND TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Joseph O'Hara</b>				<small>Digitally signed by Joseph O'Hara DN:cn=Joseph O'Hara,email=johara@magna5global.com,O=magna5 rtc llc dba richmond telephone company,lc= , Date:5/22/2019</small> Date: <b>5/22/2019</b>	
Printed name of Authorized Officer or employee: <b>Joseph O'Hara</b>					
Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer or employee: <b>214-624-9969</b>					
Study Area Code of Reporting Carrier	<b>110737</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Bretton Woods Telephone Company, Inc.	
Signature of authorized officer			Date		05/21/2019
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)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">GRANITE STATE TEL., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Susan King</span>				<small>Digitally signed by Susan King DN:cn=Susan King,email=srand@gstnetworks.com,O=granite state tel., inc.,l=Weare NH 03281, Date:5/29/2019</small> Date: <span style="color: blue;">5/29/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Susan King</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">603-529-9941</span>					
Study Area Code of Reporting Carrier	120039		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DIXVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ann Walsh</span></p>				<p><small>Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel. co.,l= , Date:5/28/2019</small></p> <p>Date: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ann Walsh</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">781-402-1731</span></p>					
Study Area Code of Reporting Carrier	120042		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DUNBARTON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Montgomery</b></p>				<p><small>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel. co.,l= , Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David Montgomery</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>603-774-9911</b></p>					
Study Area Code of Reporting Carrier	<b>120043</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FRANKLIN TEL. CO.-VT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kimberly Gates Maynard</b></p>				<p>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:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kimberly Gates Maynard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>802-285-9911</b></p>					
Study Area Code of Reporting Carrier	<b>140053</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <u>TOPSHAM TELEPHONE COMPANY, INC.</u>				
Signature of authorized officer <u>Mark De Perion</u>			Date	<u>05/21/2014</u>
Printed name of authorized officer <u>MARK DE PERION</u>				
Title or position of authorized officer <u>CONTROLLER</u>				
Telephone number of authorized officer: <u>(301) 324 5944</u> , ext.				
Study Area Code of Reporting Carrier		<u>140068</u>	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">WAITSFIELD/FAYSTON TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Roger Nishi</span>				<small>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=mishi@wcvt.com,O=waitsfield/fayston tel. co.,l=Waitsfield VT 05673, Date:5/23/2019</small> Date: <span style="color: blue;">5/23/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Roger Nishi</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President - Industry Relations</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">802-496-8336</span>					
Study Area Code of Reporting Carrier	140069		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <b>Vermont Telephone Company, Inc.</b>			
Signature of authorized officer <i>Dawn Tucker</i>		Date	5/31/19
Printed name of authorized officer <b>Dawn E. Tucker</b>			
Title or position of authorized officer <b>Director of Accounting</b>			
Telephone number of authorized officer: <b>(802) 885-<del>7782</del> 7783</b>			
Study Area Code of Reporting Carrier	<b>147332</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 17 2019</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>ARMSTRONG TEL. CO.-NY</b>					
Signature of Authorized Officer or employee: <b>Mark Rankin</b> <small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/31/2019</small>				Date: <b>5/31/2019</b>	
Printed name of Authorized Officer or employee: <b>Mark Rankin</b>					
Title or position of Authorized Officer or employee: <b>Vice President Finance</b>					
Telephone number of Authorized Officer or employee: <b>724-283-0925</b>					
Study Area Code of Reporting Carrier	<b>150071</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CASSADAGA TEL. CORP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Maytum</b></p>				<p><small>Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=cassadaga tel. corp.,l=Fredonia NY 14063-0209, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mark Maytum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President, COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>716-673-3016</b></p>					
Study Area Code of Reporting Carrier	<b>150076</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CHAMPLAIN TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Webster</b></p>				<p><small>Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel. co.,l=Champlain NY 12919, Date:5/23/2019</small></p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Webster</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-298-2480</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150077</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				CITIZENS TELEPHONE COMPANY OF HAMMOND, NY, INC.			
Signature of authorized officer			Mark W. DePerrico		Date		05/21/2019
Printed name of authorized officer				MARK W. DEPERICO			
Title or position of authorized officer				CONTROLLER			
Telephone number of authorized officer: (315) 324 5811, ext.							
Study Area Code of Reporting Carrier		150081		Filing Due Date for this form (mm/dd/yyyy)		June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CROWN POINT TEL. CORP.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Shana Macey</span>				<small>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:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Shana Macey</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">518-597-3300</span>					
Study Area Code of Reporting Carrier	150085		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DELHI TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jason Miller</b></p>				<p><small>Digitally signed by Jason Miller DN:cn=Jason Miller,email=jason@delhitel.com,O=delhi telephone company,l=Delhi NY 13753, Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jason Miller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>607-746-1524</b></p>					
Study Area Code of Reporting Carrier	<b>150088</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DUNKIRK AND FREDONIA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Maytum</b></p>				<p>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:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Maytum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President, COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>716-673-3016</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150091</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">EMPIRE TELEPHONE CORP-NY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tom Prestigiacomo</span>				<small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:5/28/2019</small>	
Date: <span style="color: blue;">5/28/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Prestigiacomo</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">607-522-4237</span>					
Study Area Code of Reporting Carrier	150093		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>THE FISHERS ISLAND TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>J. Finan</b></p>				<small>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fiuc.net,O=the fishers island tel. co.,l=Fishers Island NY 06390, Date:5/16/2019</small> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>J. Finan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>631-788-7251</b></p>					
Study Area Code of Reporting Carrier	<b>150095</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">GERMANTOWN TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Bohnsack</span>				<small>Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel. co., inc.,l=Germantown NY 12526, Date:5/30/2019</small>  Date: <span style="color: blue;">5/30/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Bohnsack</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President and CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">518-537-4835</span>					
Study Area Code of Reporting Carrier	150097		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HANCOCK TEL. CO.-NY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Wrighter, Jr</b></p>				<p>Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robj@hancocktelephone.com,O=hancock tel. co.-ny,l=Hancock NY 13783, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Wrighter, Jr</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>607-637-9912</b></p>					
Study Area Code of Reporting Carrier	<b>150099</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MARGARETVILLE TEL. CO.,INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Glen Faulkner</span>				<small>Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel. co.,inc.,l=Margaretville NY 12455, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Glen Faulkner</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">845-586-3311</span>					
Study Area Code of Reporting Carrier	150104		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MIDDLEBURGH TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Becker</b></p>				<p><small>Digitally signed by James Becker DN:cn=James Becker, email=jim@midtel.net, O=middleburgh telephone co., l=Middleburgh NY 12122-0191, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>James Becker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-827-5211</b></p>					
Study Area Code of Reporting Carrier	<b>150105</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">NEWPORT TEL. CO.,INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Joseph Tomaino</span>				<small>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel. co.,inc.,l=Newport NY 13416, Date:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Joseph Tomaino</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Operations</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">315-845-8112</span>					
Study Area Code of Reporting Carrier	150107		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NICHOLVILLE TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jeffrey McGrath</span></p>				<p><small>Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel. co.,inc.,l=Nicholville NY 12965, Date:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jeffrey McGrath</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">315-328-5333</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150108</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ONEIDA COUNTY RURAL TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Heather Kirkland</span>				<small>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:5/28/2019</small>  Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Heather Kirkland</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Finance</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">315-865-3239</span>					
Study Area Code of Reporting Carrier	150111		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>ONTARIO TELEPHONE COMPANY, INC.</b>					
Signature of Authorized Officer or employee: <b>James Cheney</b>				<small>Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@otttel.com,O=ontario telephone company, inc., Date:5/17/2019</small>	
Date: <b>5/17/2019</b>					
Printed name of Authorized Officer or employee: <b>James Cheney</b>					
Title or position of Authorized Officer or employee: <b>CFO/COO</b>					
Telephone number of Authorized Officer or employee: <b>315-548-8017</b>					
Study Area Code of Reporting Carrier	<b>150112</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PATTERSONVILLE TEL. CO.-NY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tammy Krisher</b></p>				<p><small>Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel. co.-ny,l=Rotterdam Junc NY 12150, Date:5/23/2019</small></p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tammy Krisher</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-887-2121</b></p>					
Study Area Code of Reporting Carrier	<b>150116</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">STATE TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Evans</span>				<small>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel. co.,l=Coxsackie NY 12051, Date:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Evans</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">518-731-6128</span>					
Study Area Code of Reporting Carrier	150125		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TRUMANSBURG TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Cheney</b></p>				<p><small>Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@ottctel.com,O=trumansburg telephone company, inc., Date:5/17/2019</small></p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Cheney</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>315-548-8017</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150131</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier		ALTEVA OF MARWICK LLC	
Signature of authorized officer		Date	
Bob Hagan		5/31/2019	
Printed name of authorized officer			
8B82F92FACBC4BA...in			
Title or position of authorized officer			
CFO			
Telephone number of authorized officer: (479) 632-3979 ext.			
Study Area Code of Reporting Carrier	150135	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	ATTEWA OF MAINE WICK LLC		
Signature of authorized officer	<i>Bob Hagan</i>	Date	5/31/2019
Printed name of authorized officer	ROBERT HAGAN		
Title or position of authorized officer	CFO		
Telephone number of authorized officer:	(479) 632-3979 ext.		
Study Area Code of Reporting Carrier	160135	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>THE CITIZENS TELEPHONE COMPANY OF KECKSBURG</b></p>					
<p>Signature of Authorized Officer or employee: <b>Arnold Cutrell</b></p>				<p>Digitally signed by Arnold Cutrell DN:cn=Arnold Cutrell,email=arnie.cutrell@ctzn.net,O=the citizens telephone company of kecksburg,l=Mount Pleasant PA 15666, Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Arnold Cutrell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-424-4444</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170156</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">HICKORY TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terri Jeffers</span>				<small>Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tlj@hky.com,O=hickory tel. co.,l= , Date:5/16/2019</small>  Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Terri Jeffers</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Regulatory Director</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">724-356-2211</span>					
Study Area Code of Reporting Carrier	170171		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>LACKAWAXEN TELECOMMUNICATIONS SERVICES, INC.</b>					
Signature of Authorized Officer or employee: <b>James Kail</b>				<small>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtr.net,O=lackawaxen telecommunications services, inc.,l=Stahlstown PA 15687-0168, Date:5/31/2019</small> Date: <b>5/31/2019</b>	
Printed name of Authorized Officer or employee: <b>James Kail</b>					
Title or position of Authorized Officer or employee: <b>President and CEO</b>					
Telephone number of Authorized Officer or employee: <b>724-593-2411</b>					
Study Area Code of Reporting Carrier	<b>170177</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>ARMSTRONG TEL. CO.-PA</b>					
Signature of Authorized Officer or employee: <b>Mark Rankin</b>				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.-pa, Date:5/31/2019</small> Date: <b>5/31/2019</b>	
Printed name of Authorized Officer or employee: <b>Mark Rankin</b>					
Title or position of Authorized Officer or employee: <b>Vice President Finance</b>					
Telephone number of Authorized Officer or employee: <b>724-283-0925</b>					
Study Area Code of Reporting Carrier	<b>170189</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>THE NORTH-EASTERN PENNSYLVANIA TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Tourje</b></p>				<p>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:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steven Tourje</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>570-785-2216</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170191</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTH PENN TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tom Prestigiacomo</b></p>				<p><small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel. co.,l=Prattsburgh NY 14873, Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tom Prestigiacomo</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>607-522-4237</b></p>					
Study Area Code of Reporting Carrier	<b>170192</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL. CO. NORTH</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Rankin</span>				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co. north,lc= , Date:5/31/2019</small> Date: <span style="color: blue;">5/31/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Rankin</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President Finance</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">724-283-0925</span>					
Study Area Code of Reporting Carrier	170195		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PALMERTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Timothy Hausman</b></p>				<p><small>Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton telephone company, Date:5/16/2019</small></p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Timothy Hausman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>610-826-9433</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170196</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PENNSYLVANIA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kimberly Hannan</b></p>				<p><small>Digitally signed by Kimberly Hannan DN:cn=Kimberly Hannan,email=patelco@ovalinternet.net,O=pennsylvania tel. co.,l= , Date:5/24/2019</small></p> <p>Date: <b>5/24/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kimberly Hannan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>570-745-7101</b></p>					
Study Area Code of Reporting Carrier	<b>170197</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">PYMATUNING IND. TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Adam Dixon</span>				<small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/28/2019</small> Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Adam Dixon</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">870-921-5757</span>					
Study Area Code of Reporting Carrier	170200		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>SOUTH CANAAN TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>James Kail</b> <small>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=south canaan tel. co.,l=Stahlstown PA 15687-0168, Date:5/31/2019</small>				Date: <b>5/31/2019</b>	
Printed name of Authorized Officer or employee: <b>James Kail</b>					
Title or position of Authorized Officer or employee: <b>President and CEO</b>					
Telephone number of Authorized Officer or employee: <b>724-593-2411</b>					
Study Area Code of Reporting Carrier	<b>170205</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">VENUS TEL. CORP.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Janice Kline</span>				<small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel. corp.,l=Venus PA 16364, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Janice Kline</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager and Asst. Sec/Treas.</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">814-354-6400</span>					
Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL. CO.-PA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa, Date: 5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">V.P. Operations, General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170277</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

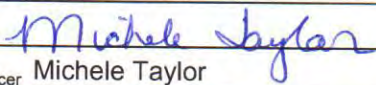
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL. CO. OF MD</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Rankin</span>				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co. of md, Date:5/31/2019</small> Date: <span style="color: blue;">5/31/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Rankin</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President Finance</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">724-283-0925</span>					
Study Area Code of Reporting Carrier	180216		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Buggs Island Telephone Cooperative	
Signature of authorized officer				Date	5-20-19
Printed name of authorized officer		Michele Taylor			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(434) 636-2274 ext.			
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019		

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BURKE'S GARDEN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Missy Lynch</b></p>				<p><small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtdco.net,O=burke's garden tel. co., inc.,l= , Date:5/24/2019</small></p> <p>Date: <b>5/24/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Missy Lynch</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager/Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>276-472-2345</b></p>					
Study Area Code of Reporting Carrier	<b>190220</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TEL. COOP.-VA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Greg Sapp</b></p>				<p>Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel. coop.-va,l=Floyd VA 24091-0137, Date:5/24/2019</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Greg Sapp</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>540-745-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190225</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MGW TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Sheri Smith</b></p>				<p>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw telephone company, inc., Date:5/24/2019</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Sheri Smith</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>540-925-5235</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190238</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NEW HOPE TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Laurie Hensley</b></p>				<p>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope telephone cooperative, =New Hope VA 24469, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Laurie Hensley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>540-363-6277</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190239</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier				Pembroke Telephone Cooperative	
Signature of authorized officer			Date		05/16/2019
Printed name of authorized officer			Leon Law		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(540) 626-7111 ext.		
Study Area Code of Reporting Carrier		190243	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES MUTUAL TEL. CO.-VA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va, Date: 5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190244</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SCOTT COUNTY TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Daniel Odom</b></p>				<small>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:5/28/2019</small> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Daniel Odom</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>276-452-7224</b></p>					
Study Area Code of Reporting Carrier	<b>190248</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SHENANDOAH TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gary Miller</b></p>				<p><small>Digitally signed by Gary Miller DN:cn=Gary Miller,email=Gary.Miller@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Gary Miller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Director, Accounting WLN &amp; WLS</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>540-984-5991</b></p>					
Study Area Code of Reporting Carrier	<b>190250</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>SHENANDOAH TELEPHONE COMPANY - NR</b>					
Signature of Authorized Officer or employee: <b>Gary Miller</b>				<small>Digitally signed by Gary Miller DN:cn=Gary Miller,email=Gary.Miller@emp.shentel.com,O=shenandoah telephone company - nr, Date: 5/28/2019</small> Date: <b>5/28/2019</b>	
Printed name of Authorized Officer or employee: <b>Gary Miller</b>					
Title or position of Authorized Officer or employee: <b>Director, Accounting WLN &amp; WLS</b>					
Telephone number of Authorized Officer or employee: <b>540-984-5991</b>					
Study Area Code of Reporting Carrier	<b>197251</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL. CO.-WV</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Rankin</span>				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.-wv,l= , Date:5/31/2019</small>  Date: <span style="color: blue;">5/31/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Rankin</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President Finance</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">724-283-0925</span>					
Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SPRUCE KNOB SENECA ROCKS TEL., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Sarah Nottingham</b></p>				<p>Digitally signed by Sarah Nottingham DN:cn=Sarah Nottingham,email=sarahnot@spruceknob.net,O=spruce knob seneca rocks tel., inc.,l=Riverton WV 26814, Date:5/24/2019</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Sarah Nottingham</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-567-2121</b></p>					
Study Area Code of Reporting Carrier	<b>200257</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HARDY TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Sherman</b></p>				<p><small>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecommunications, inc., Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Scott Sherman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-897-9911</b></p>					
Study Area Code of Reporting Carrier	<b>200259</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Rankin</span>				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.,l=, Date:5/31/2019</small> Date: <span style="color: blue;">5/31/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Rankin</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President Finance</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">724-283-0925</span>					
Study Area Code of Reporting Carrier	200267		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WEST SIDE TEL. CO.-WV</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Ludenia</b></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-wv,l= , Date:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>John Ludenia</b></p>					
<p>Title or position of Authorized Officer or employee: <b>V.P. Operations, General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-983-8642</b></p>					
Study Area Code of Reporting Carrier	<b>200277</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ITS TELECOMMUNICATIONS SYSTEMS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Russell</b></p>				<p>Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=brucer@itsfiber.com,O=its telecommunications systems, inc.,l=Indiantown FL 34956, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Russell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>772-597-2106</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>210331</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST FLORIDA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Adam Dixon</b></p>				<p><small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=northeast florida tel. co., inc.,l= , Date:5/28/2019</small></p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-921-5757</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>210335</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALMA TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kevin Brooks</span>				<small>Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel. co., inc.,l=Alma GA 31510, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Brooks</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">912-632-8603</span>					
Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BRANTLEY TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Donovan Strickland</span>				<small>Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel. co., inc.,l=Nahunta GA 31553, Date:5/21/2019</small>  Date: <span style="color: blue;">5/21/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Donovan Strickland</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">912-462-5111</span>					
Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BULLOCH CNTY. RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Scott</b></p>				<small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc., Date:5/30/2019</small> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>John Scott</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-865-1100</b></p>					
Study Area Code of Reporting Carrier	<b>220348</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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>					

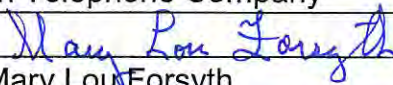
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CITIZENS TEL. CO., INC.-GA</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chad Ledger</span>				<small>Digitally signed by Chad Ledger DN:cn=Chad Ledger,email=sci@citizensdsl.com,O=citizens tel. co., inc.-ga,1=Leslie GA 31764, Date:5/21/2019</small> Date: <span style="color: blue;">5/21/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Chad Ledger</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">229-874-4145</span>					
Study Area Code of Reporting Carrier	220355		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Darien Telephone Company	
Signature of authorized officer					Date
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)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Janice O'Brien</span></p>				<p><small>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:5/31/2019</small></p> <p>Date: <span style="color: blue;">5/31/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Janice O'Brien</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">912-523-5111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220365</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HART TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Randy Daniel</span></p>				<p><small>Digitally signed by Randy Daniel DN:cn=Randy Daniel,email=randy@hartcom.net,O=hart tel. co.,l=Hartwell GA 30643, Date:5/17/2019</small></p>	
<p>Date: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Randy Daniel</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">706-376-4701</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220368</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PEMBROKE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mary Anna Hite</b></p>				<p>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:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mary Anna Hite</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-653-4389</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220376</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PLANTERS RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Lacienski</b></p>				<small>Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural tel. coop., inc.,l=Newington GA 30446, Date:5/17/2019</small> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>John Lacienski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-857-4411</b></p>					
Study Area Code of Reporting Carrier	<b>220378</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">PLANT TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gordon Duff</span>				<small>Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@planttel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/21/2019</small> Date: <span style="color: blue;">5/21/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Gordon Duff</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">229-528-4777</span>					
Study Area Code of Reporting Carrier	220379		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

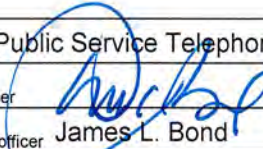
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PROGRESSIVE RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ron Chambers</b></p>				<small>Digitally signed by Ron Chambers DN:cn=Ron Chambers,email=ron.chambers@prtc.co,O=progressive rural tel. coop., inc.,l=Rentz GA 31075, Date:5/28/2019</small> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Ron Chambers</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>478-984-4201</b></p>					
Study Area Code of Reporting Carrier	<b>220380</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier					Public Service Telephone Company	
Signature of authorized officer				Date		
				May 21, 2019		
Printed name of authorized officer						
James L. Bond						
Title or position of authorized officer						
President						
Telephone number of authorized officer: (478) 847-4111 6520						
Study Area Code of Reporting Carrier		220381		Filing Due Date for this form (mm/dd/yyyy)		06/17/2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Trenton Telephone Company						
Signature of authorized officer				<i>Steven W. Tatum</i>				Date		5/24/2019	
Printed name of authorized officer				Steven W. Tatum							
Title or position of authorized officer				First Vice President							
Telephone number of authorized officer:				(706) 657-4367 ext.							
Study Area Code of Reporting Carrier				220389		Filing Due Date for this form (mm/dd/yyyy)		June 17 2019			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.											

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WAVERLY HALL TELEPHONE, L.L.C.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Deborah Rand</b></p>				<p>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, l.l.c., Date: 5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Deborah Rand</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>603-472-9786</b></p>					
Study Area Code of Reporting Carrier	<b>220392</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>BARNARDSVILLE TEL. dba RIVERSTREET NETWORKS</b>					
Signature of Authorized Officer or employee: <b>Eric Cramer</b> <small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=barnardsville tel. dba riverstreet networks, Date:5/22/2019</small>				Date: <b>5/22/2019</b>	
Printed name of Authorized Officer or employee: <b>Eric Cramer</b>					
Title or position of Authorized Officer or employee: <b>CEO and General Manager</b>					
Telephone number of Authorized Officer or employee: <b>336-973-6112</b>					
Study Area Code of Reporting Carrier	<b>230469</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ELLERBE TEL. CO. dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=ellerbe tel. co. dba riverstreet networks, Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
Study Area Code of Reporting Carrier	<b>230478</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier North State Telephone Co. dba North State Communications			
Signature of authorized officer <i>Lynn B. Welborn</i>		Date	05/29/2019
Printed name of authorized officer Lynn B. Welborn			
Title or position of authorized officer EVP, CAO			
Telephone number of authorized officer: (336) 821-8766			
Study Area Code of Reporting Carrier	230491	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).			
Name of Reporting Carrier		Pineville Telephone Company	
Signature of authorized officer		Date	5-20-19
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)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANDOLPH TEL. MEMB. CORP. DBA RANDOLPH COMM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kimberly Garner</span></p>				<p><small>Digitally signed by Kimberly Garner DN:cn=Kimberly Garner,email=kgarner@rtmc.coop,O=randolph tel. memb. corp. dba randolph comm.,l= , Date:5/18/2019</small></p> <p>Date: <span style="color: blue;">5/18/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kimberly Garner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">336-879-7911</span></p>					
Study Area Code of Reporting Carrier	230496		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>SURRY TELEPHONE MEMBERSHIP CORPORATION</b>					
Signature of Authorized Officer or employee: <b>Curtis Taylor</b>				<small>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=taylorc@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/17/2019</small>	
Date: <b>5/17/2019</b>					
Printed name of Authorized Officer or employee: <b>Curtis Taylor</b>					
Title or position of Authorized Officer or employee: <b>CEO</b>					
Telephone number of Authorized Officer or employee: <b>336-374-4535</b>					
Study Area Code of Reporting Carrier	<b>230497</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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. §§ 502, 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SALUDA MOUNTAIN TEL. dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=saluda mountain tel. dba riverstreet networks,lc=, Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
Study Area Code of Reporting Carrier	<b>230498</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SERVICE TEL. CO. dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=service tel. co. dba riverstreet networks, Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230500</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>SURRY TELEPHONE MEMBERSHIP CORPORATION</b>					
Signature of Authorized Officer or employee: <b>Curtis Taylor</b> <small>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=taylorc@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/17/2019</small>				Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Curtis Taylor</b>					
Title or position of Authorized Officer or employee: <b>CEO</b>					
Telephone number of Authorized Officer or employee: <b>336-374-4535</b>					
Study Area Code of Reporting Carrier	<b>230503</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WILKES TEL MEMB CORP dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes tel memb corp dba riverstreet networks,l= , Date:5/22/2019</small> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
Study Area Code of Reporting Carrier	<b>230505</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WILKES TEL MEMB CORP dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes tel memb corp dba riverstreet networks,l= , Date:5/22/2019</small> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
Study Area Code of Reporting Carrier	<b>230510</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PALMETTO RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dewaine Wilson</b></p>				<p><small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural tel. coop., inc., Date:5/29/2019</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dewaine Wilson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>843 538-9382</b></p>					
Study Area Code of Reporting Carrier	<b>240536</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SANDHILL TEL. COOP., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Lee Chambers</span>				<small>Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sandhill tel. coop., inc.,l=Jefferson SC 29718, Date:5/21/2019</small> Date: <span style="color: blue;">5/21/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Lee Chambers</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">843-658-6379</span>					
Study Area Code of Reporting Carrier	240546		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <i>Castleberry Telephone Co., Inc</i>			
Signature of authorized officer <i>Homer Holland</i>		Date	<i>5-23-19</i>
Printed name of authorized officer <i>Homer Holland</i>			
Title or position of authorized officer <i>Sac/Trans</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)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Farmers Telecommunications Cooperative, Inc.				
Signature of authorized officer				<i>Tyler Pair</i>		Date		05/28/2019	
Printed name of authorized officer				Tyler Pair					
Title or position of authorized officer				Chief Financial Officer					
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)		June 17 2019			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAYNEVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Evelyn Causey</span></p>				<p><small>Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel. co., inc.,l=Hayneville AL 36040, Date:5/30/2019</small></p> <p>Date: <span style="color: blue;">5/30/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Evelyn Causey</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/COO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">334-548-2101</span></p>					
Study Area Code of Reporting Carrier	250299		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MON-CRE TEL. COOP. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Teresa Rich</span></p>				<p><small>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:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Teresa Rich</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">334-562-3242</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="font-weight: bold;">250305</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="font-weight: bold;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

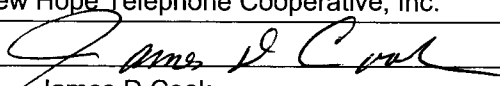
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>MOUNDVILLE TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>R. Taylor</b> <small>Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel. co.,l=Moundville AL 35474, Date:5/20/2019</small>				Date: <b>5/20/2019</b>	
Printed name of Authorized Officer or employee: <b>R. Taylor</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>205-371-9011</b>					
Study Area Code of Reporting Carrier	<b>250307</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier <b>New Hope Telephone Cooperative, Inc.</b>			
Signature of authorized officer 		Date	<b>5/28/19</b>
Printed name of authorized officer <b>James D Cook</b>			
Title or position of authorized officer <b>General Manager</b>			
Telephone number of authorized officer: <b>(256) 723-4211</b> , ext.			
Study Area Code of Reporting Carrier	<b>250308</b>	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">PINE BELT TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Nettles</span>				<small>Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel. co.,l=Arlington AL 36722, Date:5/31/2019</small> Date: <span style="color: blue;">5/31/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">John Nettles</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">334-385-2106</span>					
Study Area Code of Reporting Carrier	250315		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

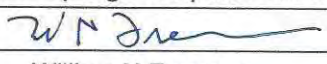
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>RAGLAND TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Matthew Jackson</b> <small>Digitally signed by Matthew Jackson DN:cn=Matthew Jackson,email=mattjackson@ragland.net,O=ragland tel. co.,l=Ragland AL 35131, Date:5/23/2019</small>				Date: <b>5/23/2019</b>	
Printed name of Authorized Officer or employee: <b>Matthew Jackson</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>205-472-2141</b>					
Study Area Code of Reporting Carrier	<b>250316</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Union Springs Telephone Co Inc	
Signature of authorized officer				Date	05/29/2019
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)	June 17 2019	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	Ballard Rural Telephone Cooperative Corporation, Inc.		
Signature of authorized officer	<i>Randy C. Grogan</i>	Date	5/31/2019
Printed name of authorized officer	Randy C. Grogan		
Title or position of authorized officer	CEO/General Manager		
Telephone number of authorized officer:	(270) 665-8205		
Study Area Code of Reporting Carrier	260396	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				BRANDENBURG TELEPHONE COMPANY, INC.	
Signature of authorized officer			Date		05/17/2019
Printed name of authorized officer			ALLISON WILLOUGHBY		
Title or position of authorized officer			PRESIDENT		
Telephone number of authorized officer:			(270) 422-2121		
Study Area Code of Reporting Carrier		260398	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">DUO COUNTY TEL. COOP., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Daryl Hammond</span>				<small>Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel. coop., inc.,l=Jamestown KY 42629, Date:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Daryl Hammond</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">270-343-3131</span>					
Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Duo County Telephone Cooperative Corporation, Inc.	
Signature of authorized officer			Date		7/1/2019
Printed name of authorized officer			Dary 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)	July 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FOOTHILLS RURAL TEL. COOP. CORP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ruth Conley</b></p>				<p><small>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:5/29/2019</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Ruth Conley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>606-297-9131</b></p>					
Study Area Code of Reporting Carrier	<b>260406</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LOGAN TEL. COOP., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gregory Hale</span>				<small>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop., inc.,l=Auburn KY 42206, Date:5/23/2019</small> Date: <span style="color: blue;">5/23/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Gregory Hale</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Executive V.P.</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">270-542-4121</span>					
Study Area Code of Reporting Carrier	260413		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Mountain Rural Telephone Cooperative Corp., Inc.				
Signature of authorized officer <i>Jimmie Jones</i>			Date	05/29/2019
Printed name of authorized officer Jimmie Jones				
Title or position of authorized officer President				
Telephone number of authorized officer: 606, 743 3121 ext.				
Study Area Code of Reporting Carrier	260414	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Mountain Rural Telephone Coop, Corp., Inc.	
Signature of authorized officer			Date		6/29/19
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)	July 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

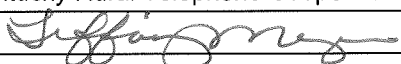
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <u>Peoples Rural Telephone</u>				
Signature of authorized officer <u>Keith G. Gabbard</u>			Date	<u>5-30-19</u>
Printed name of authorized officer <u>Keith Gabbard</u>				
Title or position of authorized officer <u>CEO / General Manager</u>				
Telephone number of authorized officer: <u>(662) 227-7101, ext.</u>				
Study Area Code of Reporting Carrier	<u>260415</u>	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>THACKER/GRIGSBY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>William Grigsby</b></p>				<p>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:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>William Grigsby</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>606-785-9500</b></p>					
Study Area Code of Reporting Carrier	<b>260419</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier West Kentucky Rural Telephone Cooperative, Inc.			
Signature of authorized officer 		Date	05/24/2019
Printed name of authorized officer Tiffany Myers			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (270) 804-4110			
Study Area Code of Reporting Carrier	260421	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CAMERON TEL. CO.-LA</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Petry</span>				<small>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel. co.-la,l=Sulphur LA 70664-0167, Date:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Petry</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">337-583-2092</span>					
Study Area Code of Reporting Carrier	270425		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CAMPTI-PLEASANT HILL TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tom Edens</span>				<small>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:5/29/2019</small> Date: <span style="color: blue;">5/29/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Edens</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">318-352-0014</span>					
Study Area Code of Reporting Carrier	270426		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DELCAMBRE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marcy Landry</b></p>				<p><small>Digitally signed by Marcy Landry DN:cn=Marcy Landry,email=mlandry@delcambre.net,O=delcambre tel. co.,l= , Date:5/24/2019</small></p> <p>Date: <b>5/24/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Marcy Landry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>337-685-2311</b></p>					
Study Area Code of Reporting Carrier	<b>270428</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ELIZABETH TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Petry</span>				<small>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:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Petry</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">337-583-2092</span>					
Study Area Code of Reporting Carrier	270430		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KAPLAN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Constantin</span></p>				<p><small>Digitally signed by Richard Constantin DN:cn=Richard Constantin,email=rconstantin@kaptel.net,O=kaplan tel. co.,l=Kaplan LA 70548-0369, Date:5/29/2019</small></p> <p>Date: <span style="color: blue;">5/29/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Constantin</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller/Regulatory Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">337-643-4242</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270432</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST LOUISIANA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike George</b></p>				<p>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana tel. co., inc.,l=Collinston LA 71229, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike George</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President / General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>318-874-7011</b></p>					
Study Area Code of Reporting Carrier	<b>270435</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Reserve Telephone Company, Inc.				
Signature of authorized officer <i>Annette A. Faircloth</i>			Date	05/23/2019
Printed name of authorized officer Annette A. Faircloth				
Title or position of authorized officer VP of Finance				
Telephone number of authorized officer: (985) 536-1271				
Study Area Code of Reporting Carrier	270438	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>STAR TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jeremy Smith</b></p>				<p><small>Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jerry@directcom.com,O=star tel. co., inc.,l=Rockland ID 83271, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jeremy Smith</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-548-2345</b></p>					
Study Area Code of Reporting Carrier	<b>270441</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DECATUR TEL. CO., INC.-MS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Esther Smith, PhD</b></p>				<p>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:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Esther Smith, PhD</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>601-635-2251</b></p>					
Study Area Code of Reporting Carrier	<b>280451</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FRANKLIN TEL. CO., INC.-MS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tom Griffin</b></p>				<p><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:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tom Griffin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>601-384-3390</b></p>					
Study Area Code of Reporting Carrier	<b>280454</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier		Georgetown Telephone Co., Inc.	
Signature of authorized officer		Date	5/24/18
Printed name of authorized officer		Joseph Miller	
Title or position of authorized officer		Vice Pres.	
Telephone number of authorized officer:		606 858-2211	
Study Area Code of Reporting Carrier	280456	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAKESIDE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Sledge Jr.</span></p>				<p><small>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:5/20/2019</small></p>	
<p>Date: <span style="color: blue;">5/20/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Sledge Jr.</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">662-569-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">280457</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

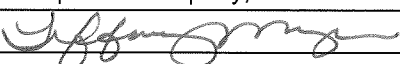
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Noxapater Telephone Company	
Signature of authorized officer			Date		May 24, 2019
Printed name of authorized officer			John Pearce		
Title or position of authorized officer			President		
Telephone number of authorized officer: ( ) , ext.			601764-3171		
Study Area Code of Reporting Carrier		280461	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SLEDGE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Sledge Jr.</b></p>				<p><small>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:5/20/2019</small></p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Sledge Jr.</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>662-569-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280466</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Ardmore Telephone Company, Inc.</b>			
Signature of authorized officer 		Date <b>05/24/2019</b>	
Printed name of authorized officer <b>Tiffany Myers</b>			
Title or position of authorized officer <b>Chief Financial Officer</b>			
Telephone number of authorized officer: <b>(270) 804-4110</b> , ext.			
Study Area Code of Reporting Carrier <b>290280</b>		Filing Due Date for this form (mm/dd/yyyy) <b>June 17 2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BEN LOMAND RURAL TEL. COOP., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Lisa Cope</span>				<small>Digitally signed by Lisa Cope DN:cn=Lisa Cope,email=lkc@blomand.net,O=ben lomand rural tel. coop., inc.,l=McMinnville TN 37111, Date:5/23/2019</small> Date: <span style="color: blue;">5/23/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Lisa Cope</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager / CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">931-668-4131</span>					
Study Area Code of Reporting Carrier	290553		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

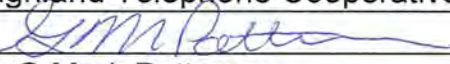
Name of Reporting Carrier					Bledsoe Telephone Cooperative, Inc.				
Signature of authorized officer				<i>John Lee Downey</i>			Date		
Printed name of authorized officer				John Lee Downey					
Title or position of authorized officer				President					
Telephone number of authorized officer:				(423) 447-2121					
Study Area Code of Reporting Carrier		290554		Filing Due Date for this form (mm/dd/yyyy)		June 17 2019			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>DEKALB TEL. COOP, INC.</b>					
Signature of Authorized Officer or employee: <b>Joe Mitchell</b> <small>Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=jmitchell@staff-dtc.com,O=dekalb tel. coop, inc.,l=Alexandria TN 37012, Date:5/29/2019</small>				Date: <b>5/29/2019</b>	
Printed name of Authorized Officer or employee: <b>Joe Mitchell</b>					
Title or position of Authorized Officer or employee: <b>Controller</b>					
Telephone number of Authorized Officer or employee: <b>615-464-2254</b>					
Study Area Code of Reporting Carrier	<b>290562</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Highland Telephone Cooperative</b>			
Signature of authorized officer 		Date	<b>May 28, 2019</b>
Printed name of authorized officer <b>G Mark Patterson</b>			
Title or position of authorized officer <b>Chief Executive Officer / General Manager</b>			
Telephone number of authorized officer: <b>(423) 628-2121</b>			
Study Area Code of Reporting Carrier	<b>290565</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 17 2019</b>
<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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <i>Loretto Telephone Company, Inc.</i>				
Signature of authorized officer <i>[Signature]</i>			Date	<i>5-20-19</i>
Printed name of authorized officer <i>Jason M. Shelton</i>				
Title or position of authorized officer <i>General Manager, Assistant Secretary</i>				
Telephone number of authorized officer: <i>831853-4351</i>				
Study Area Code of Reporting Carrier	<i>290570</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>June 17 2019</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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>NORTH CENTRAL TEL. COOP., INC.</b>					
Signature of Authorized Officer or employee: <b>Johnny McClanahan</b>				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: 5/20/2019	
Date: <b>5/20/2019</b>					
Printed name of Authorized Officer or employee: <b>Johnny McClanahan</b>					
Title or position of Authorized Officer or employee: <b>President and CEO</b>					
Telephone number of Authorized Officer or employee: <b>615-666-2151</b>					
Study Area Code of Reporting Carrier	<b>290573</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>				
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>				
Name of Reporting Carrier <b>West Kentucky Rural Telephone Cooperative, Inc.</b>				
Signature of authorized officer 			Date <b>05/24/2019</b>	
Printed name of authorized officer <b>Tiffany Myers</b>				
Title or position of authorized officer <b>Chief Financial Officer</b>				
Telephone number of authorized officer: <b>(270) 804-4110</b>				
Study Area Code of Reporting Carrier <b>290598</b>		Filing Due Date for this form (mm/dd/yyyy) <b>June 17 2019</b>		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">THE ARTHUR MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Eric Roughton</span></p>				<p>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual tel. co.,l= , Date:5/21/2019</p>	
<p>Date: <span style="color: blue;">5/21/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Eric Roughton</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Sec'y/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-393-2233</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300586</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>AYERSVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Phil Maag</b></p>				<p><small>Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel. co.,l= , Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Phil Maag</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Sec./Treas. &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-395-2222</b></p>					
Study Area Code of Reporting Carrier	<b>300588</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BASCOM MUTUAL TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Laura Wise</span>				<small>Digitally signed by Laura Wise DN:cn=Laura Wise,email=law@bascomtelephone.com,O=bascom mutual tel. co.,l=Bascom OH 44809-0316, Date: 5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Laura Wise</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Board Assistant Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">419-937-2222</span>					
Study Area Code of Reporting Carrier	300589		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BENTON RIDGE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Roger Criblez</b></p>				<p>Digitally signed by Roger Criblez DN:cn=Roger Criblez,email=rogercriblez@watchcomm.net,O=benton ridge tel. co.,l= , Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Roger Criblez</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant to the CEO/Acting CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-204-6516</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300590</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier: Buckland Telephone Company				
Signature of authorized officer: <i>Douglas G. Place</i>			Date	05282019
Printed name of authorized officer: Douglas G. Place				
Title or position of authorized officer: General Manager				
Telephone number of authorized officer: (419) 657-2222 ext.				
Study Area Code of Reporting Carrier	300591		Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>THE CHAMPAIGN TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tiffany Ebersold</b></p>				<p><small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co.,l= , Date:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tiffany Ebersold</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>937-653-2263</b></p>					
Study Area Code of Reporting Carrier	<b>300594</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>MCCLURE TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Lance Miller</b> <small>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel. co.,l=McClure OH 43534-0026, Date:5/20/2019</small>				Date: <b>5/20/2019</b>	
Printed name of Authorized Officer or employee: <b>Lance Miller</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>419-748-8032</b>					
Study Area Code of Reporting Carrier	<b>300598</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>CONNEAUT TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Deanna Brown</b> <small>Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel. co.,l=Conneaut OH 44030, Date:5/29/2019</small>				Date: <b>5/29/2019</b>	
Printed name of Authorized Officer or employee: <b>Deanna Brown</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>440-593-7138</b>					
Study Area Code of Reporting Carrier	<b>300606</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>DOYLESTOWN TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Thomas Brockman</b> <small>Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=tbrockman@doylestowntelephone.com,O=doylestown tel. co., Date:5/22/2019</small>				Date: <b>5/22/2019</b>	
Printed name of Authorized Officer or employee: <b>Thomas Brockman</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>330-658-2121</b>					
Study Area Code of Reporting Carrier	<b>300609</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>THE FARMERS MUTUAL TEL. CO.-OKOLONA, OH</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheryl Bostelman</b></p>				<p><small>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=the farmers mutual tel. co.-okolona, oh,j= , Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Cheryl Bostelman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-758-3303</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300612</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FORT JENNINGS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Metzger</b></p>				<p><small>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:5/29/2019</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michael Metzger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-286-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300614</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLANDORF TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Hunt</span></p>				<p><small>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel. co., inc.,l=Glandorf OH 45848, Date:5/28/2019</small></p> <p>Date: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Hunt</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-538-6987</span></p>					
Study Area Code of Reporting Carrier	300619		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>KALIDA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chris Phillips</b></p>				<p><small>Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel. co., inc.,l=Kalida OH 45853, Date: 5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Chris Phillips</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-532-3218</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300625</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MIDDLE POINT HOME TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-2211</b></p>					
Study Area Code of Reporting Carrier	<b>300633</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MINFORD TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paula McGraw</b></p>				<p>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel. co., inc.,l=Minford OH 45653, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paula McGraw</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>740-820-2151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300634</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">THE NEW KNOXVILLE TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Preston Meyer</span>				<small>Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=pmeyer@nktelco.com,O=the new knoxville tel. co.,l=New Knoxville OH 45871-0219, Date:5/21/2019</small> Date: <span style="color: blue;">5/21/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Preston Meyer</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Sales Manager/Chief Operating Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">419-753-2457</span>					
Study Area Code of Reporting Carrier	300639		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">THE NOVA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Charles Mattingly</span></p>				<p><small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=the nova tel. co.,l=Judson TX 75660, Date:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Charles Mattingly</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">903-663-0099</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300644</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">THE OTTOVILLE MUTUAL TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue;"><b>William Honigford</b></span>				<small>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:5/23/2019</small>  Date: <span style="color: blue;">5/23/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">William Honigford</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">419-453-3324</span>					
Study Area Code of Reporting Carrier	300650		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PATTERSONVILLE TEL. CO.-OH</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aaron Jones</b></p>				<p><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:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Aaron Jones</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>330-895-4391</b></p>					
Study Area Code of Reporting Carrier	<b>300651</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RIDGEVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Matthew Eggers</span></p>				<p><small>Digitally signed by Matthew Eggers DN:cn=Matthew Eggers,email=olg1355@bright.net,O=ridgeville tel. co.,l=Ridgeville Corners OH 43555, Date:5/23/2019</small></p> <p>Date: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Matthew Eggers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President, Board of Directors</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-267-5185</span></p>					
Study Area Code of Reporting Carrier	300654		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHERWOOD MUTUAL TEL. ASSOC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Rostorfer</span></p>				<p><small>Digitally signed by Richard Rostorfer DN:cn=Richard Rostorfer,email=rickrostorfer@smta.cc,O=sherwood mutual tel. assoc.,l=Sherwood OH 43556, Date:5/16/2019</small></p>	
<p>Date: <span style="color: blue;">5/16/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Rostorfer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-899-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300656</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: SYCAMORE TEL. CO.					
Signature of Authorized Officer or employee: <b>Richard Ekleberry II</b> <small>Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycltelco.com,O=sycamore tel. co.,l= , Date:5/29/2019</small>				Date: 5/29/2019	
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)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TELEPHONE SERVICE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l= , Date:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-2211</b></p>					
Study Area Code of Reporting Carrier	<b>300659</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">VAUGHNSVILLE TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Martha Kaplan</span>				<small>Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel. co., inc.,l=Vaughnsville OH 45893-0127, Date:5/24/2019</small> Date: <span style="color: blue;">5/24/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Martha Kaplan</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Manager/Secretary/Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">419-646-3431</span>					
Study Area Code of Reporting Carrier	300663		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WABASH MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Boley</span></p>				<p><small>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel. co.,l= , Date:5/28/2019</small></p> <p>Date: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Boley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-942-1111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300664</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ALLBAND COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ron Siegel</b></p>				<small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband communications cooperative, = , Date:5/21/2019</small> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Ron Siegel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>989-369-9870</b></p>					
Study Area Code of Reporting Carrier	<b>310542</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<p align="center"><b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b></p>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BARAGA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Stark</b></p>				<p>Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga telephone company,l=Baraga MI 49908, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Stark</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>906-353-6644</b></p>					
Study Area Code of Reporting Carrier	<b>310675</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<p 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BARRY COUNTY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Stoll</b></p>				<p><small>Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel. co.,l=Delton MI 49046, Date:5/29/2019</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David Stoll</b></p>					
<p>Title or position of Authorized Officer or employee: <b>GM/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>269-623-9971</b></p>					
Study Area Code of Reporting Carrier	<b>310676</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BLANCHARD TELEPHONE CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ronald Ray</span>				<small>Digitally signed by Ronald Ray DN:cn=Ronald Ray,email=r ray@blanchardtel.com,O=blanchard telephone co.,l=Blanchard MI 49310, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Ronald Ray</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">989-561-9932</span>					
Study Area Code of Reporting Carrier	310678		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BLOOMINGDALE TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steve Shults</span>				<small>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdale.com.net,O=bloomingdale tel. co.,l=Bloomingdale MI 49026, Date:5/30/2019</small> Date: <span style="color: blue;">5/30/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Shults</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">269-521-7313</span>					
Study Area Code of Reporting Carrier	310679		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CARR TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terri Bogner</span></p>				<p><small>Digitally signed by Terri Bogner DN:cn=Terri Bogner,email=teri@carrinter.net,O=carr tel. co.,l= , Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Terri Bogner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">231-898-2244</span></p>					
Study Area Code of Reporting Carrier	310683		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLIMAX TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Heather Haydo</span></p>				<p><small>Digitally signed by Heather Haydo DN:cn=Heather Haydo,email=hhaydo@ctstelecom.com,O=climax tel. co.,l= , Date:5/29/2019</small></p> <p>Date: <span style="color: blue;">5/29/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Heather Haydo</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">269-746-3244</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310688</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>DEERFIELD FARMERS TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Robert Parisien</b>				<small>Digitally signed by Robert Parisien DN:cn=Robert Parisien,email=robert.parisien@d-pcomm.com,O=deerfield farmers tel. co., Date: 5/23/2019</small> Date: <b>5/23/2019</b>	
Printed name of Authorized Officer or employee: <b>Robert Parisien</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>734-279-5514</b>					
Study Area Code of Reporting Carrier	<b>310691</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

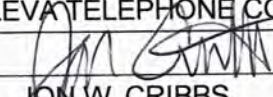
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <b>Chapin Telephone Company</b>			
Signature of authorized officer <i>Laurie S. Ringle</i>		Date	<b>5/21/19</b>
Printed name of authorized officer <b>Laurie S. Ringle</b>			
Title or position of authorized officer <b>Treasurer</b>			
Telephone number of authorized officer: <b>(989) 661-2476</b>			
Study Area Code of Reporting Carrier	<b>310694</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 17 2019</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>KALEVA TELEPHONE COMPANY</b>				
Signature of authorized officer 			Date	<b>5/22/2019</b>
Printed name of authorized officer <b>JON W. CRIBBS</b>				
Title or position of authorized officer <b>PRESIDENT</b>				
Telephone number of authorized officer: <b>2313623111</b> , ext.				
Study Area Code of Reporting Carrier		<b>310703</b>	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ACE TEL. CO. OF MI, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Todd Roesler</span>				<small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acentek.net,O=ace tel. co. of mi, inc.,l=Houston MN 55943-0360, Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Todd Roesler</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">507-896-6292</span>					
Study Area Code of Reporting Carrier	310704		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <i>Lennon Telephone Company</i>				
Signature of authorized officer <i>Randy Fletcher</i>			Date	<i>5/20/19</i>
Printed name of authorized officer <i>Randy Fletcher</i>				
Title or position of authorized officer <i>CEO / General Manager</i>				
Telephone number of authorized officer: <i>(910) 621-3301</i> , ext.				
Study Area Code of Reporting Carrier	<i>310708</i>	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MIDWAY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Camie Nebel-Conklin</b></p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Camie Nebel-Conklin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>906-387-9911</b></p>					
Study Area Code of Reporting Carrier	<b>310711</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HIAWATHA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Camie Nebel-Conklin</b></p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha telephone company, Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Camie Nebel-Conklin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>906-387-9911</b></p>					
Study Area Code of Reporting Carrier	<b>310713</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>OGDEN TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kristen Fisher</b></p>				<p><small>Digitally signed by Kristen Fisher DN:cn=Kristen Fisher,email=fisher@ogdentel.com,O=ogden tel. co.,l= , Date:5/29/2019</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kristen Fisher</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>517-443-5595</b></p>					
Study Area Code of Reporting Carrier	<b>310714</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ONTONAGON COUNTY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Camie Nebel-Conklin</b></p>				<p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel. co., Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Camie Nebel-Conklin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>906-387-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310717</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">PIGEON TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Neal Eichler</span>				<small>Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel. co.,l=Pigeon MI 48755, Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Neal Eichler</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">989-453-4391</span>					
Study Area Code of Reporting Carrier	310721		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SAND CREEK TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Harvey Souders</b></p>				<p>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:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Harvey Souders</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>517-436-3130</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310725</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SPRINGPORT TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Cutler</b></p>				<p><small>Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel. co.,l=Springport MI 49284-0208, Date:5/21/2019</small></p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Cutler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Accountant</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>517-857-3100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310728</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">UPPER PENINSULA TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Becky Schetter</span>				<small>Digitally signed by Becky Schetter DN:cn=Becky Schetter,email=becky.schetter@michbbs.com,O=upper peninsula tel. co.,l=Carney MI 49812-0086, Date:5/30/2019</small> Date: <span style="color: blue;">5/30/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Becky Schetter</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">906-639-2111</span>					
Study Area Code of Reporting Carrier	310732		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>WALDRON TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Lucinda Bernath</b> <small>Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel. co.,l=Waldron MI 49288-0197, Date:5/20/2019</small>				Date: <b>5/20/2019</b>	
Printed name of Authorized Officer or employee: <b>Lucinda Bernath</b>					
Title or position of Authorized Officer or employee: <b>Vice President</b>					
Telephone number of Authorized Officer or employee: <b>517-286-6211</b>					
Study Area Code of Reporting Carrier	<b>310734</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTPHALIA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;"><b>Michael Fitzpatrick</b></span></p>				<p><small>Digitally signed by Michael Fitzpatrick DN:cn=Michael Fitzpatrick,email=mike.fitzpatrick@4wbi.net,O=westphalia tel. co.,l=Westphalia MI 48894, Date:5/23/2019</small></p> <p>Date: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Fitzpatrick</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">989-587-5000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310735</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WINN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Graf</span></p>				<p><small>Digitally signed by Mark Graf DN:cn=Mark Graf,email=mgraf@winntel.com,O=winntel. co.,l=Winn MI 48896, Date:5/31/2019</small></p> <p>Date: <span style="color: blue;">5/31/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Graf</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">989-953-9876</span></p>					
Study Area Code of Reporting Carrier	310737		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ACE TEL. CO. OF MICHIGAN, INC. (OLD MISSION)</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Todd Roesler</span>				<small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acentek.net,O=ace tel. co. of michigan, inc. (old mission),l=Houston MN 55943-0360, Date:5/17/2019</small>	
Date: <span style="color: blue;">5/17/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Todd Roesler</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">507-896-6292</span>					
Study Area Code of Reporting Carrier	310777		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MICHIGAN CENTRAL BROADBAND COMPANY, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Becky Schetter</b></p>				<p>Digitally signed by Becky Schetter DN:cn=Becky Schetter,email=becky.schetter@michbbs.com,O=michigan central broadband company, llc,l=Carney MI 49812-0086, Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Becky Schetter</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>906-639-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310785</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BLOOMINGDALE HOME TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ronja Branson</b></p>				<p><small>Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingtontel.com,O=bloomington home telephone company, inc.,l=Bloomington IN 47832, Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Ronja Branson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>765-498-2000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<b>320742</b>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>CITIZENS TEL. CORP.-WARREN</b>					
Signature of Authorized Officer or employee: <b>Joan Paxson</b>				<small>Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citznet.com,O=citizens tel. corp.-warren, =Warren IN 46792, Date:5/17/2019</small> Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Joan Paxson</b>					
Title or position of Authorized Officer or employee: <b>Secretary, Office Manager</b>					
Telephone number of Authorized Officer or employee: <b>260-375-2111</b>					
Study Area Code of Reporting Carrier	<b>320751</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLAY CTY. RURAL TEL COOP INC D/B/A ENDEAVOR</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Darin LaCoursiere</span></p>				<p><small>Digitally signed by Darin LaCoursiere DN: cn=Darin LaCoursiere, email=darint@weEndeavor.com, O=clay cty. rural tel coop inc d/b/a endeavor, l=Cloverdale IN 46120-0237, Date: 5/28/2019</small></p>	
<p>Date: <span style="color: blue;">5/28/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Darin LaCoursiere</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President and CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-795-4261</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320753</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CRAIGVILLE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lee Von Gunten</b></p>				<p><small>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:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Lee Von Gunten</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>260-565-3131</b></p>					
Study Area Code of Reporting Carrier	<b>320756</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">DAVIESS-MARTIN CTY. RURAL TEL. DBA RTC COMM.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kirk Lehman</span>				<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:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kirk Lehman</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/Executive VP</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">812-486-3211</span>					
Study Area Code of Reporting Carrier	320759		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GEETINGSVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steve Scott</span></p>				<p><small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel. co., inc.,l= , Date:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Scott</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-258-3111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320771</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LIGONIER TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Randy Mead</span>				<small>Digitally signed by Randy Mead DN:cn=Randy Mead,email=rmead@ligtel.net,O=ligonier tel. co.,l= , Date:5/23/2019</small>  Date: <span style="color: blue;">5/23/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Randy Mead</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President and General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">260-894-7161</span>					
Study Area Code of Reporting Carrier	320783		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MONON TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanway</b></p>				<small>Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel. co., inc.,l=Monon IN 47959, Date:5/16/2019</small> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanway</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>219-253-6601</b></p>					
Study Area Code of Reporting Carrier	<b>320790</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MULBERRY COOP. TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Maish</b></p>				<p><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:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Randy Maish</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>765-296-2885</b></p>					
Study Area Code of Reporting Carrier	<b>320792</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW LISBON TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Greene</span></p>				<p><small>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:5/30/2019</small></p>	
<p>Date: <span style="color: blue;">5/30/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Greene</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-332-2413</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320796</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NEW PARIS TEL., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Penrose</b></p>				<p><small>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:5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Paul Penrose</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>574-831-7115</b></p>					
Study Area Code of Reporting Carrier	<b>320797</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHWESTERN INDIANA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Long</b></p>				<p><small>Digitally signed by Thomas Long DN:cn=Thomas Long,email=tlong@nitco.com,O=northwestern indiana tel. co., inc.,l=Hebron IN 46341, Date:5/29/2019</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Thomas Long</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>219-996-2981</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320800</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>PERRY-SPENCER RURAL TEL. COOP., INC. DBA PSC</b>					
Signature of Authorized Officer or employee: <b>James Dauby</b>				<small>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: 5/30/2019</small> Date: <b>5/30/2019</b>	
Printed name of Authorized Officer or employee: <b>James Dauby</b>					
Title or position of Authorized Officer or employee: <b>President/CEO</b>					
Telephone number of Authorized Officer or employee: <b>812-357-2123</b>					
Study Area Code of Reporting Carrier	<b>320807</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PULASKI-WHITE RURAL TEL. COOP.dba LIGHTSTREAM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brent Gillum</b></p>				<p><small>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:5/22/2019</small></p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brent Gillum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>574-278-7121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320813</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCHESTER TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Greta Lynch</span></p>				<p><small>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:5/30/2019</small></p>	
<p>Date: <span style="color: blue;">5/30/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Greta Lynch</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP-Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">574-223-0238</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320815</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SOUTHEASTERN INDIANA RURAL TEL. COOP., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Anthony Clark</span>				<small>Digitally signed by Anthony Clark DN:cn=Anthony Clark,email=clarkt@seidata.com,O=southeastern indiana rural tel. coop., inc., Date:5/21/2019</small>	
Date: <span style="color: blue;">5/21/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Anthony Clark</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">812-667-5100</span>					
Study Area Code of Reporting Carrier	320819		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SUNMAN TELECOMM. CORP. dba ENHANCED TELECOMM.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael Alig</span>				<small>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:5/29/2019</small> Date: <span style="color: blue;">5/29/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Alig</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">812-623-2122</span>					
Study Area Code of Reporting Carrier	320825		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SWAYZEE TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Timothy Miles</span>				<small>Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel. co., inc.,l= , Date:5/20/2019</small>  Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Timothy Miles</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">765-922-7916</span>					
Study Area Code of Reporting Carrier	320826		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SWEETSER RURAL TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Winger</b></p>				<p>Digitally signed by Scott Winger DN:cn=Scott Winger,email=sawinger@comteck.com,O=sweetser rural tel. co., inc.,l=Sweetser IN 46987, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Scott Winger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>765-384-4311</b></p>					
Study Area Code of Reporting Carrier	<b>320827</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier <u>Washington County Rural Telephone Coop Inc</u>			
Signature of authorized officer <u>[Signature]</u>		Date	<u>5/16/19</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> ext.			
Study Area Code of Reporting Carrier	<u>320824</u>	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">YEOMAN TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Blacker</span>				<small>Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytc.com,O=yeoman tel. co., inc.,l= , Date:5/20/2019</small>  Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">David Blacker</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">574-965-2100</span>					
Study Area Code of Reporting Carrier	320839		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>AMERY TELCOM, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Jensen</b></p>				<p><small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/17/2019</small></p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Michael Jensen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-268-7101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330842</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AMHERST TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Carl Bohman</span></p>				<p><small>Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=carlb@tvalleycom.com,O=amherst tel. co.,l=Amherst WI 54406-0279, Date:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Carl Bohman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-824-5529</span></p>					
Study Area Code of Reporting Carrier	330843		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BALDWIN TELCOM., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Matt Sparks</span>				<small>Digitally signed by Matt Sparks DN:cn=Matt Sparks,email=matt.sparks@baldwin-telecom.net,O=baldwin telecom., inc.,l=Baldwin WI 54002, Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Matt Sparks</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">715-684-1055</span>					
Study Area Code of Reporting Carrier	330846		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BELMONT TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Deb Egli</b></p>				<p><small>Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=belmont tel. co.,l=Cuba City WI 53807, Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Deb Egli</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-744-3500</b></p>					
Study Area Code of Reporting Carrier	<b>330847</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BERGEN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;"><b>Brad Ellefson</b></span></p>				<p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel. co.,l=Sharon WI 53585, Date:5/28/2019</small></p> <p>Date: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brad Ellefson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">262-736-9981</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330848</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BLOOMER TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kent Klima</span>				<small>Digitally signed by Kent Klima DN:cn=Kent Klima,email=kent.klima@bloomer.net,O=bloomer tel. co.,l=, Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kent Klima</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President &amp; General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">715-568-4830</span>					
Study Area Code of Reporting Carrier	330850		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BRUCE TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Manosky</span>				<small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc.,l= , Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">John Manosky</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President &amp; General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">715-868-5111</span>					
Study Area Code of Reporting Carrier	330855		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CHEQUAMEGON COMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Thompson</b></p>				<p><small>Digitally signed by Robert Thompson DN:cn=Robert Thompson,email=rthompson@norvado.com,O=chequamegon communications cooperative, inc.,l=Cable WI 54821, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Robert Thompson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-798-3303</b></p>					
Study Area Code of Reporting Carrier	<b>330860</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CHIBARDUN TEL. COOP., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">N. Scott Behn</span>				<small>Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaictelcom.com,O=chibardun tel. coop., inc.,l=Cameron WI 54822-0664, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">N. Scott Behn</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">715-458-5400</span>					
Study Area Code of Reporting Carrier	330861		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS TEL. COOP., INC.-WI</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;"><b>Dennis Bachman</b></span></p>				<p><small>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:5/29/2019</small></p>	
<p>Date: <span style="color: blue;">5/29/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Bachman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-237-2605</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330863</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CLEAR LAKE TEL. CO., INC.-WI</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tim Kusilek</span>				<small>Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake tel. co., inc.-wi,=Clear Lake WI 54005, Date:5/20/2019</small>	
Date: <span style="color: blue;">5/20/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Tim Kusilek</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">715-263-2755</span>					
Study Area Code of Reporting Carrier	330865		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>COCHRANE COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gina Tomlinson</b></p>				<p><small>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mw.t.net,O=cochrane coop. tel. co.,l=Cochrane WI 54622-0189, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Gina Tomlinson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-248-2323</b></p>					
Study Area Code of Reporting Carrier	<b>330866</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">COON VALLEY FARMERS TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Carol Olson</span>				<small>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:5/17/2019</small>	
Date: <span style="color: blue;">5/17/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Carol Olson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">608-452-3101</span>					
Study Area Code of Reporting Carrier	330868		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CUBA CITY TEL. EXCH. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Deb Egli</b></p>				<p>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:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Deb Egli</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-744-3500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330872</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FARMERS IND. TEL. CO.-WI</b>					
Signature of Authorized Officer or employee: <b>Mark Anderson</b>				<small>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:5/17/2019</small>	
Date: <b>5/17/2019</b>					
Printed name of Authorized Officer or employee: <b>Mark Anderson</b>					
Title or position of Authorized Officer or employee: <b>General Manager and Compliance Officer</b>					
Telephone number of Authorized Officer or employee: <b>715-463-5322</b>					
Study Area Code of Reporting Carrier	<b>330879</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HILLSBORO TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Carla Shaker</b></p>				<p><small>Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel. co., inc.,l=Hillsboro WI 54634-0427, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Carla Shaker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer/Office Mgr.</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-489-3230</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330892</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LAKEFIELD TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Webb</span>				<small>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:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Webb</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/COO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">920-617-7351</span>					
Study Area Code of Reporting Carrier	330896		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA VALLE TEL. COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gregory Rockweiler</span></p>				<p><small>Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=lrc@mwt.net,O=la valle tel. coop.,l=La Valle WI 53941, Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gregory Rockweiler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-985-7201</span></p>					
Study Area Code of Reporting Carrier	330899		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEMONWEIR VALLEY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Donna Rezin</span></p>				<p><small>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:5/21/2019</small></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Donna Rezin</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-427-6515</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330900</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>LAKELAND COMMUNICATIONS GROUP, LLC-LUCK</b>					
Signature of Authorized Officer or employee: <b>Crystal Morley</b> <small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland communications group, llc-luck,l=Milltown WI 54858, Date:5/17/2019</small>				Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Crystal Morley</b>					
Title or position of Authorized Officer or employee: <b>Accounting Manager</b>					
Telephone number of Authorized Officer or employee: <b>715-825-5105</b>					
Study Area Code of Reporting Carrier	<b>330902</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MANAWA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Huebner</span></p>				<p><small>Digitally signed by Justin Huebner DN:cn=Justin Huebner,email=jhuebner@solarus.net,O=manawa tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/29/2019</small></p> <p>Date: <span style="color: blue;">5/29/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Huebner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-421-8140</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="font-weight: bold;">330905</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="font-weight: bold;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MARQUETTE-ADAMS TEL. COOP., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jerry Schneider</span>				<small>Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquette-adams tel. coop., inc.,l=Oxford WI 53952, Date:5/29/2019</small>  Date: <span style="color: blue;">5/29/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Jerry Schneider</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO &amp; General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">608-586-4111</span>					
Study Area Code of Reporting Carrier	330908		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LAKELAND COMMUNICATIONS GROUP, LLC-MILLTOWN</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Crystal Morley</span>				<small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland communications group, llc-milltown,l=Milltown WI 54858, Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Crystal Morley</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Accounting Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">715-825-5105</span>					
Study Area Code of Reporting Carrier	330910		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">NELSON COMMUNICATIONS COOPERATIVE</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Christy Berger</span>				<small>Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@ntec.net,O=nelson communications cooperative,l=Durand WI 54736-0228, Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Christy Berger</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">715-672-4204</span>					
Study Area Code of Reporting Carrier	330918		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>NIAGARA TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Robert Webb</b> <small>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:5/17/2019</small>				Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Robert Webb</b>					
Title or position of Authorized Officer or employee: <b>Vice President/COO</b>					
Telephone number of Authorized Officer or employee: <b>920-617-7351</b>					
Study Area Code of Reporting Carrier	<b>330920</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BAYLAND TELEPHONE, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Webb</b></p>				<p>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:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Webb</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>920-617-7351</b></p>					
Study Area Code of Reporting Carrier	<b>330925</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PRICE COUNTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Thompson</span></p>				<p><small>Digitally signed by Robert Thompson DN:cn=Robert Thompson,email=rthompson@norvado.com,O=price county tel. co.,l=Cable WI 54821, Date:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Thompson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-798-3303</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330937</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Webb</b></p>				<p><small>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:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Robert Webb</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>920-617-7351</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330938</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RICHLAND-GRANT TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Bartz</span></p>				<p><small>Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mw.t.net,O=richland-grant tel. coop., inc.,l=Blue River WI 53518, Date:5/20/2019</small></p>	
<p>Date: <span style="color: blue;">5/20/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Bartz</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-537-2461</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330942</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SHARON TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue;"><b>Brad Ellefson</b></span>				<small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel. co.,l=Sharon WI 53585, Date:5/28/2019</small> Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Brad Ellefson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">262-736-9981</span>					
Study Area Code of Reporting Carrier	330946		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SIREN TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Sid Sherstad</span>				<small>Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel. co., inc.,l=Siren WI 54872-0426, Date: 5/29/2019</small>  Date: <span style="color: blue;">5/29/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Sid Sherstad</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">715-349-2224</span>					
Study Area Code of Reporting Carrier	330949		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SOMERSET TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Jensen</b></p>				<p><small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel. co., inc.,l= , Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michael Jensen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-268-7101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330951</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SPRING VALLEY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Carol Anderson</b></p>				<p><small>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:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Carol Anderson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant Manager/Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-778-4433</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330953</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheryl Rue</b></p>				<p><small>Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county communications cooperative, inc.,l=Strum WI 54770, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Cheryl Rue</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-695-2691</b></p>					
Study Area Code of Reporting Carrier	<b>330960</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">UNION TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Katherine Kehl</span>				<small>Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel. co.,l=Plainfield WI 54966-0096, Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Katherine Kehl</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">715-335-6301</span>					
Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>VERNON COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rodney Olson</b></p>				<p><small>Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon communications cooperative,l=Westby WI 54667, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Rodney Olson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-634-7421</b></p>					
Study Area Code of Reporting Carrier	<b>330966</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST WISCONSIN TELCOM COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Stenseth</span></p>				<p><small>Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=west wisconsin telecom coop., inc.,l=Downsville WI 54735, Date:5/23/2019</small></p> <p>Date: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Stenseth</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-664-8311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330971</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WITTENBERG TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Linda Garbelman</b></p>				<p><small>Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@cirrinity.net,O=wittenberg tel. co.,l=Wittenberg WI 54499, Date:5/23/2019</small></p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Linda Garbelman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-253-2115</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330973</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">WOOD COUNTY TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Huebner</span>				<small>Digitally signed by Justin Huebner DN:cn=Justin Huebner,email=jhuebner@solarus.net,O=wood county tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/30/2019</small> Date: <span style="color: blue;">5/30/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Huebner</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">715-421-8140</span>					
Study Area Code of Reporting Carrier	330974		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ADAMS TEL. COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Broemmer Jr.</span></p>				<p><small>Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbrommer@adamstel.com,O=adams tel. coop.,l=Golden IL 62339-0217, Date:5/16/2019</small></p>	
<p>Date: <span style="color: blue;">5/16/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Broemmer Jr.</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">217-696-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">340976</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ALHAMBRA - GRANTFORK TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Osterbur</b></p>				<p>Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@exchange.agtelco.com,O=alhambra - grantfork telephone company,l=Alhambra IL 62001-0207, Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Osterbur</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-488-2165</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>340978</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<p align="center"><b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b></p> <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CAMBRIDGE TEL. CO.-IL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Rubins</b></p>				<p>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=cambridge tel. co.-il,=Geneseo IL 61254-0330, Date:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Scott Rubins</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President Management Services</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-944-2103</b></p>					
Study Area Code of Reporting Carrier	<b>340983</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<p 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CASS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tom Allen</b></p>				<p><small>Digitally signed by Tom Allen DN:cn=Tom Allen,email=tom.allen@casscabletv.com,O=cass telephone company,l=Virginia IL 62691, Date:5/21/2019</small></p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tom Allen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>217-452-7800</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>340984</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier	CLARKS VILLE MUTUAL TELEPHONE CO.		
Signature of authorized officer	Patricia Rhoads	Date	5-29-19
Printed name of authorized officer	PATRICIA RHODS		
Title or position of authorized officer	SECRETARY - TREASURER		
Telephone number of authorized officer	27889-3822		
Study Area Code of Reporting Carrier	340996	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CROSSVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chris Birkla</span></p>				<p><small>Digitally signed by Chris Birkla DN:cn=Chris Birkla,email=cbirkla@crosstelco.com,O=crossville tel. co.,l=Crossville IL 62827, Date:5/29/2019</small></p>	
<p>Date: <span style="color: blue;">5/29/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chris Birkla</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant Secretary/Treasurer/General Mg</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">618-966-2196</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">340993</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EGYPTIAN TEL. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kevin Jacobsen</span></p>				<p><small>Digitally signed by Kevin Jacobsen DN:cn=Kevin Jacobsen,email=kjacobsen@egyptian.net,O=egyptian tel. coop. assn.,l=Steeleville IL 62288-0158, Date:5/21/2019</small></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Jacobsen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">618-774-1000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341003</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FLAT ROCK TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Jacobsen</b></p>				<small>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:5/21/2019</small> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kevin Jacobsen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-774-1000</b></p>					
Study Area Code of Reporting Carrier	<b>341012</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GENESEO TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Rubins</b></p>				<p>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=geneseo tel. co.,l=Geneseo IL 61254-0330, Date:5/23/2019</p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Scott Rubins</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President Management Services</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-944-2103</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341016</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier				Glasford Telephone Company	
Signature of authorized officer		<i>Duane R. Goetze</i>		Date	5/30/2019
Printed name of authorized officer		Duane Goetze			
Title or position of authorized officer		President			
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)	June 17 2019		

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GRAFTON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Leigh Sickinger</b></p>				<p><small>Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grifton tel. co.,l=Grafton IL 62037, Date:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Leigh Sickinger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-786-3400</b></p>					
Study Area Code of Reporting Carrier	<b>341020</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery**

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

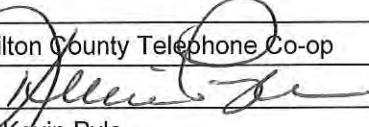
Name of Reporting Carrier <u>Grandview Mutual Telephone</u>			
Signature of authorized officer <u>Angela Tate</u>		Date <u>5-17-2019</u>	
Printed name of authorized officer <u>Angela Tate</u>			
Title or position of authorized officer <u>TREASURER</u>			
Telephone number of authorized officer: <u>277-4641</u> ext. <u>—</u>			
Study Area Code of Reporting Carrier	<u>341021</u>	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">GRIDLEY TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Herb Flesher</span>				<small>Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel. co.,l=Gridley IL 61744-0129, Date:5/22/2019</small> Date: <span style="color: blue;">5/22/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Herb Flesher</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">309-747-3780</span>					
Study Area Code of Reporting Carrier	341023		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Hamilton County Telephone Co-op				
Signature of authorized officer 		Date 5-17-19		
Printed name of authorized officer Kevin Pyle				
Title or position of authorized officer GM/EVP				
Telephone number of authorized officer: (618) 736-2211, ext.				
Study Area Code of Reporting Carrier 341024		Filing Due Date for this form (mm/dd/yyyy) 6/18/2018		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SHAWNEE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Grisham</b></p>				<p>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company,l=Equality IL 62934, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Grisham</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-276-4211</b></p>					
Study Area Code of Reporting Carrier	<b>341025</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">HENRY COUNTY TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Rubins</span>				<small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=Scott.Rubins@Geneseo.com,O=henry county tel. co.,l=Geneseo IL 61254-0330, Date:5/23/2019</small> Date: <span style="color: blue;">5/23/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Rubins</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President Management Services</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">309-944-2103</span>					
Study Area Code of Reporting Carrier	341029		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Home Telephone Co.				
Signature of authorized officer 			Date	5/22/19
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)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>KINSMAN MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michelle Baudino</b></p>				<p>Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel. co.,l=Kinsman IL 60437, Date:5/29/2019</p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michelle Baudino</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>815-392-4210</b></p>					
Study Area Code of Reporting Carrier	<b>341041</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LA HARPE TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Todd Irish</span>				<small>Digitally signed by Todd Irish DN:cn=Todd Irish,email=todd@laharpetelephone.com,O=la harpe tel. co.,l=La Harpe IL 61450, Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Todd Irish</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">217-659-7721</span>					
Study Area Code of Reporting Carrier	341043		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LEAF RIVER TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aaron Palmer</span>				<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:5/30/2019</small>  Date: <span style="color: blue;">5/30/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron Palmer</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">815-738-2216</span>					
Study Area Code of Reporting Carrier	341045		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>LEONORE MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Donna Naas</b></p>				<p><small>Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmte@lmte.net,O=leonore mutual tel. co.,l=Leonore IL 61332, Date:5/30/2019</small></p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Donna Naas</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>815-856-3164</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341046</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MCDONOUGH TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jay Griswold</b></p>				<p><small>Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jgriswold@mdtc.net,O=mcdonough telephone cooperative,l=Colchester IL 62326, Date:5/22/2019</small></p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jay Griswold</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-776-3211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341047</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MCNABB TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Roger Pletsch</b></p>				<p>Digitally signed by Roger Pletsch DN:cn=Roger Pletsch,email=rogerpletsch@nabbnet.com,O=mcnabb tel. co.,l=McNabb IL 61335, Date:5/29/2019</p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Roger Pletsch</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>815-882-2201</b></p>					
Study Area Code of Reporting Carrier	<b>341048</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MADISON TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mary Schwartz</span>				<small>Digitally signed by Mary Schwartz DN:cn=Mary Schwartz,email=regmadison@madisontelco.com,O=madison tel. co.,l=Staunton IL 62088, Date:5/28/2019</small> Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mary Schwartz</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">618-635-5000</span>					
Study Area Code of Reporting Carrier	341049		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MARSEILLES TEL. CO. OF MARS.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ann Dickerson</b></p>				<p><small>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:5/27/2019</small></p> <p>Date: <b>5/27/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Ann Dickerson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-367-4197</b></p>					
Study Area Code of Reporting Carrier	<b>341050</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">METAMORA TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ann Dickerson</span>				<small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=metamora tel. co.,l=Metamora IL 61548-0800, Date:5/27/2019</small> Date: <span style="color: blue;">5/27/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Ann Dickerson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">309-367-4197</span>					
Study Area Code of Reporting Carrier	341053		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>MID CENTURY TELEPHONE CO-OPERATIVE</b>					
Signature of Authorized Officer or employee: <b>James Broemmer, Jr.</b>				<small>Digitally signed by James Broemmer, Jr. DN: cn=James Broemmer, Jr., email=jimbrommer@adamstel.com, O=mid century telephone co-operative, l=Fairview IL 61432, Date: 5/16/2019</small>	
Date: <b>5/16/2019</b>					
Printed name of Authorized Officer or employee: <b>James Broemmer, Jr.</b>					
Title or position of Authorized Officer or employee: <b>CEO/General Manager</b>					
Telephone number of Authorized Officer or employee: <b>309-778-8611</b>					
Study Area Code of Reporting Carrier	<b>341054</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MONTROSE MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Barry Adair</span></p>				<p><small>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/22/2019</small></p> <p>Date: <span style="color: blue;">5/22/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Barry Adair</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">EVP/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">618-665-3311</span></p>					
Study Area Code of Reporting Carrier	341058		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MOULTRIE INDEPENDENT TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Grisham</span>				<small>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=moultrie independent tel. co.,l=Equality IL 62934, Date:5/28/2019</small> Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">James Grisham</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">618-276-4211</span>					
Study Area Code of Reporting Carrier	341060		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **NEW WINDSOR TEL, CO.**

Signature of authorized officer *Kirby Willems* Date **5-30-2019**

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	<b>341062</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 17 2019</b>
--------------------------------------	---------------	--	---------------------

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>ONEIDA TEL. EXCHANGE</b>					
Signature of Authorized Officer or employee: <b>Gary Peterson</b>				<small>Digitally signed by Gary Peterson DN:cn=Gary Peterson,email=wins5@winco.net,O=oneida tel. exchange,lc= , Date:5/16/2019</small> Date: <b>5/16/2019</b>	
Printed name of Authorized Officer or employee: <b>Gary Peterson</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>309-483-6418</b>					
Study Area Code of Reporting Carrier	<b>341066</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>REYNOLDS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jace Taylor</b></p>				<p>Digitally signed by Jace Taylor DN:cn=Jace Taylor,email=jataylor@reysel.net,O=reynolds tel. co.,l=Reynolds IL 61279, Date:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jace Taylor</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-372-4214</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341075</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TONICA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lloyd Vogel</b></p>				<p>Digitally signed by Lloyd Vogel DN:cn=Lloyd Vogel,email=tontel@tonicacom.net,O=tonica tel. co.,l=Tonica IL 61370-0158, Date:5/29/2019</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lloyd Vogel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>815-442-9901</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341086</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Viola Home Telephone Company	
Signature of authorized officer			Date		5-21-19
Printed name of authorized officer			Robert Millikan		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(309) 596-2222, ext.		
Study Area Code of Reporting Carrier		341087	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>WABASH TEL COOP, INC. DBA WABASH COMM CO-OP</b>					
Signature of Authorized Officer or employee: <b>Barry Adair</b>				<small>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:5/22/2019</small>	
Date: <b>5/22/2019</b>					
Printed name of Authorized Officer or employee: <b>Barry Adair</b>					
Title or position of Authorized Officer or employee: <b>EVP/General Manager</b>					
Telephone number of Authorized Officer or employee: <b>618-665-3311</b>					
Study Area Code of Reporting Carrier	<b>341088</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">WOODHULL TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Philip Wirt</span>				<small>Digitally signed by Philip Wirt DN:cn=Philip Wirt,email=pwirtwtc@divcominc.net,O=woodhull telephone company,l=Woodhull IL 61490-0117, Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Philip Wirt</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">309-334-2150</span>					
Study Area Code of Reporting Carrier	341091		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>STELLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Candice Chaffee</b></p>				<p><small>Digitally signed by Candice Chaffee DN:cn=Candice Chaffee,email=stelletelephone@stelle.net,O=stelle tel. co.,l= , Date:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Candice Chaffee</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Financial /Admin Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>815-256-2345</b></p>					
Study Area Code of Reporting Carrier	<b>341092</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>REASNOR TELEPHONE COMPANY, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Hatfield</b></p>				<p><small>Digitally signed by Michael Hatfield DN:cn=Michael Hatfield,email=michael@thrifftm.com,O=reasnor telephone company, llc, =Sully 1A 50251, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michael Hatfield</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>817-509-1228</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>350739</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ANDREW TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">JoAnne Gregorich</span>				<small>Digitally signed by JoAnne Gregorich DN: cn=JoAnne Gregorich, email=joanne@lamotte-telco.com, O=andrew tel. co., inc., l=LaMotte IA 52054, Date: 5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">JoAnne Gregorich</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-773-2213</span>					
Study Area Code of Reporting Carrier	351097		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <u>Arcadia Telephone Cooperative</u>			
Signature of authorized officer <u>Mark Slechta</u>		Date	<u>5-24-19</u>
Printed name of authorized officer <u>Mark Slechta</u>			
Title or position of authorized officer <u>GM</u>			
Telephone number of authorized officer: <u>(712) 689-7238 ext.</u>			
Study Area Code of Reporting Carrier	<u>351098</u>	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ATKINS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gerald Spaight</b></p>				<p><small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel. co.,l=Atkins IA 52206, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Gerald Spaight</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager / Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-446-7331</b></p>					
Study Area Code of Reporting Carrier	<b>351101</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AYRSHIRE FMRS. MUT. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Donald Miller</span></p>				<p><small>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:5/23/2019</small></p>	
<p>Date: <span style="color: blue;">5/23/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Donald Miller</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-776-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351105</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALPINE COMMUNICATIONS, L.C.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chris Hopp</span>				<small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine communications, l.c.,l=Elkader IA 52043, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Chris Hopp</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-245-4480</span>					
Study Area Code of Reporting Carrier	351106		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BALDWIN-NASHVILLE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brian Rickels</b></p>				<p><small>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:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brian Rickels</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-673-6001</b></p>					
Study Area Code of Reporting Carrier	<b>351107</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BARNES CITY COOP. TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Doris Freeborn</span>				<small>Digitally signed by Doris Freeborn DN:cn=Doris Freeborn,email=dorism@netins.net,O=barnes city coop. tel. co.,l=Barnes City IA 50027-0019, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Doris Freeborn</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">641-644-5214</span>					
Study Area Code of Reporting Carrier	351108		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>BERNARD TEL. CO., INC.</b>					
Signature of Authorized Officer or employee: <b>Kyle Manders</b>				<small>Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel. co., inc.,l=Bernard IA 52032-0068, Date:5/17/2019</small> Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Kyle Manders</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>563-879-3203</b>					
Study Area Code of Reporting Carrier	<b>351110</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BREDA TEL. CORPORATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Skinner</b></p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=breda tel. corporation,l=Breda IA 51436-0109, Date:5/16/2019</small></p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Skinner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-673-2311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351112</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BROOKLYN MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Atkinson</b></p>				<p><small>Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel. co.,l=Brooklyn IA 52211-0513, Date:5/17/2019</small></p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Atkinson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-522-9211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351113</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TITONKA TEL. CO. DBA TITONKA-BURT COMM (BURT)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Vicky Nelson</b></p>				<p><small>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka tel. co. dba titonka-burt comm (burt),l=Titonka IA 50480-0321, Date:5/21/2019</small></p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Vicky Nelson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-928-2110</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351114</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BUTLER-BREMER MUT. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard McBurney</b></p>				<p>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:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard McBurney</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-276-4458</b></p>					
Study Area Code of Reporting Carrier	<b>351115</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>CASCADE COMMUNICATIONS COMPANY</b>					
Signature of Authorized Officer or employee: <b>David Gibson</b>				<small>Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade communications company,l=Cascade IA 52033-0250, Date:5/17/2019</small>	
Date: <b>5/17/2019</b>					
Printed name of Authorized Officer or employee: <b>David Gibson</b>					
Title or position of Authorized Officer or employee: <b>General Manager/Compliance Officer</b>					
Telephone number of Authorized Officer or employee: <b>563-852-3710</b>					
Study Area Code of Reporting Carrier	<b>351118</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Casey Mutual Telephone Company	
Signature of authorized officer			Date		5/24/2019
Printed name of authorized officer			John Breining		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer: (641) 746-2222, ext.					
Study Area Code of Reporting Carrier		351119	Filing Due Date for this form (mm/dd/yyyy)		June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CASEY MUTUAL TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Breining</span>				<small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel. co.,l=Casey IA 50048, Date:5/29/2019</small> Date: <span style="color: blue;">5/29/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">John Breining</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">641-746-2222</span>					
Study Area Code of Reporting Carrier	351119		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CENTER JUNCTION TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Russ Benke</b></p>				<p><small>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:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Russ Benke</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-487-2631</b></p>					
Study Area Code of Reporting Carrier	<b>351121</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CENTRAL SCOTT TEL.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kent Dau</span>				<small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel.,l=Eldridge IA 52748, Date:5/28/2019</small> Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kent Dau</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-285-9611</span>					
Study Area Code of Reporting Carrier	351125		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CITIZENS MUTUAL TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Joe Snyder</b></p>				<p><small>Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=citizens mutual telephone cooperative,l=Bloomfield IA 52537, Date:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Joe Snyder</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-664-2074</b></p>					
Study Area Code of Reporting Carrier	<b>351129</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CLARENCE TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chad Fall</span>				<small>Digitally signed by Chad Fall DN:cn=Chad Fall,email=ctcmanager@netins.net,O=clarence tel. co., inc.,l=Clarence IA 52216, Date:5/22/2019</small> Date: <span style="color: blue;">5/22/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Chad Fall</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-452-3852</span>					
Study Area Code of Reporting Carrier	351130		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CLEAR LAKE INDP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Lovell</b></p>				<p><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:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Thomas Lovell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-357-2111</b></p>					
Study Area Code of Reporting Carrier	<b>351132</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">C-M-L TEL. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Johnson</span></p>				<p><small>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:5/23/2019</small></p> <p>Date: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Johnson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-443-8222</span></p>					
Study Area Code of Reporting Carrier	351133		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLO TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Larry Springer</span></p>				<p><small>Digitally signed by Larry Springer DN:cn=Larry Springer,email=larrycolo@netins.net,O=colo tel. co.,l=Colo IA 50056-0315, Date:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Larry Springer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-377-2202</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351134</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Shellsbug Cablevision, Inc.				
Signature of authorized officer						Date		May 31, 2019	
Printed name of authorized officer				Curtis Eldred					
Title or position of authorized officer				General Manager					
Telephone number of authorized officer:				(319) 436-2224					
Study Area Code of Reporting Carrier		351136		Filing Due Date for this form (mm/dd/yyyy)		June 17 2019			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Coon Valley Cooperative Telephone Assn. Inc.	
Signature of authorized officer		Jim Nelson		Date	5-23-2019
Printed name of authorized officer		Jim Nelson			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer: ( )		641-524-2111, ext.			
Study Area Code of Reporting Carrier	351137	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Schabacker</span></p>				<p><small>Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=coop.tel@netins.net,O=coop. tel. co.,l=Victor IA 52347, Date: 5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Schabacker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-647-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351139</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CORN BELT TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lee Wuebker</b></p>				<p>Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=combelt@netins.net,O=corn belt tel. co.,l=Wall Lake IA 51466, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lee Wuebker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-664-2221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351141</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CUMBERLAND TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Vickie Adams</b></p>				<p><small>Digitally signed by Vickie Adams DN:cn=Vickie Adams,email=vickie_ctc@netins.net,O=cumberland tel. co.,l=Cumberland IA 50843, Date:5/29/2019</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Vickie Adams</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-774-2221</b></p>					
Study Area Code of Reporting Carrier	<b>351146</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DANVILLE MUT. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Timothy FencI</span></p>				<p><small>Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfenci@danvilletelco.net,O=danville mut. tel. co.,l=Danville IA 52623, Date:5/21/2019</small></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Timothy FencI</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager &amp; CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-392-4251</span></p>					
Study Area Code of Reporting Carrier	351147		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOPERATIVE TEL CO (DEFIANCE)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Conry</b></p>				<p>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual cooperative tel co (defiance),l=Harlan IA 51537-0311, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-744-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351149</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">DIXON ACQUISITION, LLC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kent Dau</span>				<small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=dixon acquisition, llc,l=Eldridge IA 52748, Date:5/28/2019</small>  Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kent Dau</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-285-9611</span>					
Study Area Code of Reporting Carrier	351150		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUMONT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Roger Kregel</span></p>				<p><small>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel. co.,l=Dumont IA 50625-0349, Date:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Roger Kregel</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-857-3211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351152</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DUNKERTON TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Sue Bruns</b></p>				<p>Digitally signed by Sue Bruns DN:cn=Sue Bruns,email=sue@dunkerton.net,O=dunkerton tel. coop., inc.,l=Dunkerton IA 50626, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Sue Bruns</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-822-4512</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351153</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>EAST BUCHANAN TEL. COOP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Butch Rorabaugh</b></p>				<p><small>Digitally signed by Butch Rorabaugh DN:cn=Butch Rorabaugh,email=butch.rorabaugh@eastbuchanan.com,O=east buchanan tel. coop.,l=Winthrop IA 50682, Date:5/17/2019</small></p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Butch Rorabaugh</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-935-3011</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351156</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELLSWORTH COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Joshua Angove</span></p>				<p><small>Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop. tel. assn.,l=Ellsworth IA 50075-0458, Date:5/22/2019</small></p> <p>Date: <span style="color: blue;">5/22/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joshua Angove</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-836-4431</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351157</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>MINBURN TELECOMMUNICATIONS, INC.</b>					
Signature of Authorized Officer or employee: <b>Debra Lucht</b>				<small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,l=Minburn IA 50167, Date:5/16/2019</small>	
Date: <b>5/16/2019</b>					
Printed name of Authorized Officer or employee: <b>Debra Lucht</b>					
Title or position of Authorized Officer or employee: <b>General Manager/CEO</b>					
Telephone number of Authorized Officer or employee: <b>515-677-2264</b>					
Study Area Code of Reporting Carrier	<b>351158</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>F&amp;B COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kenneth Laursen</b></p>				<p><small>Digitally signed by Kenneth Laursen DN:cn=Kenneth Laursen,email=ken@fbc-tele.com,O=f&amp;b communications, inc.,l=Wheatland IA 52777-0309, Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kenneth Laursen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-374-1236</b></p>					
Study Area Code of Reporting Carrier	<b>351160</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FARMERS COOP. TEL. CO.-DYSART</b>					
Signature of Authorized Officer or employee: <b>Shelly Franzenburg</b>				Digitally signed by Shelly Franzenburg DN:cn=Shelly Franzenburg,email=sfranzenburg@fctc.coop,O=farmers coop. tel. co.-dysart,l=Dysart IA 52224-0280, Date: 5/16/2019	
Date: <b>5/16/2019</b>					
Printed name of Authorized Officer or employee: <b>Shelly Franzenburg</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>319-476-7800</b>					
Study Area Code of Reporting Carrier	<b>351162</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FARMERS &amp; MERCHANTS MUTUAL TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Susie Stalder</b>				<small>Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=sstalder@farmtel.com,O=farmers &amp; merchants mutual tel. co.,l=Wayland IA 52654-0247, Date:5/17/2019</small> Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Susie Stalder</b>					
Title or position of Authorized Officer or employee: <b>Operations Manager</b>					
Telephone number of Authorized Officer or employee: <b>319-256-2736</b>					
Study Area Code of Reporting Carrier	<b>351166</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP TEL CO- HARLAN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Conry</b></p>				<p>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop tel co- harlan,l=Harlan IA 51537-0311, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-744-3131</b></p>					
Study Area Code of Reporting Carrier	<b>351168</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP. TEL. CO.-MOULTON</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tammy Wheeler</b></p>				<p><small>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:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tammy Wheeler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-642-3249</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351169</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. CO.-JESUP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tony Lang</b></p>				<p>Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual tel. co.-jesup, =Jesup IA 50648-0249, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tony Lang</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-827-1151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351171</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. CO.-NORA SPRINGS</b>					
Signature of Authorized Officer or employee: <b>Josh Hveem</b>				<small>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,l=Truro IA 50257, Date:5/28/2019</small> Date: <b>5/28/2019</b>	
Printed name of Authorized Officer or employee: <b>Josh Hveem</b>					
Title or position of Authorized Officer or employee: <b>COO</b>					
Telephone number of Authorized Officer or employee: <b>641-765-4201</b>					
Study Area Code of Reporting Carrier	<b>351172</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. COOP.-SHELLSBURG</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curtis Eldred</b></p>				<p>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/29/2019</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Curtis Eldred</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-436-2224</b></p>					
Study Area Code of Reporting Carrier	<b>351173</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Cabbage</b></p>				<p>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:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Cabbage</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-829-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351174</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FARMERS TEL. CO.-BATAVIA</b>					
Signature of Authorized Officer or employee: <b>Joe Snyder</b>				<small>Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=farmers tel. co.-batavia,l=Bloomfield IA 52537, Date:5/21/2019</small> Date: <b>5/21/2019</b>	
Printed name of Authorized Officer or employee: <b>Joe Snyder</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>641-664-2074</b>					
Study Area Code of Reporting Carrier	<b>351175</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL. CO.-ESSEX</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Hill</b></p>				<p>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel. co.-essex, Essex IA 51638, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Hill</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-379-3001</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351176</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL. CO.-RICEVILLE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Josh Hveem</b></p>				<p>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers tel. co.-riceville,=Truro IA 50257, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351177</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier	Fenton Co-op Tel. Co.		
Signature of authorized officer	<i>Steven C Longhency</i>	Date	5-24-19
Printed name of authorized officer	Steven C Longhency		
Title or position of authorized officer	GM		
Telephone number of authorized officer: ( ) - , ext.	515-889-2785		
Study Area Code of Reporting Carrier	351179	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>PARTNER COMMUNICATIONS COOPERATIVE</b>					
Signature of Authorized Officer or employee: <b>Arthur Cooper</b>				<small>Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=tophog@partnercom.net,O=partner communications cooperative, Date:5/21/2019</small> Date: <b>5/21/2019</b>	
Printed name of Authorized Officer or employee: <b>Arthur Cooper</b>					
Title or position of Authorized Officer or employee: <b>Board President</b>					
Telephone number of Authorized Officer or employee: <b>641-498-7701</b>					
Study Area Code of Reporting Carrier	<b>351187</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">GOLDFIELD TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jared Johnson</span>				<small>Digitally signed by Jared Johnson DN:cn=Jared Johnson,email=jaredj@goldfieldaccess.net,O=goldfield tel. co.,l=Goldfield IA 50542-0067, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Jared Johnson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">515-825-3766</span>					
Study Area Code of Reporting Carrier	351188		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier River Valley Telecommunications Coop				
Signature of authorized officer 			Date	5/22/19
Printed name of authorized officer Ivan Dalen				
Title or position of authorized officer GM				
Telephone number of authorized officer: 712,859 3300 ext.				
Study Area Code of Reporting Carrier		351189	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRAND MOUND COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Travis Ballou</span></p>				<p><small>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:5/22/2019</small></p>	
<p>Date: <span style="color: blue;">5/22/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Travis Ballou</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-847-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351191</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRISWOLD COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Amy McLaren</span></p>				<p><small>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:5/17/2019</small></p>	
<p>Date: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Amy McLaren</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-778-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351195</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HAWKEYE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Byers</b></p>				<p>Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=hawkeye tel. co.,l=Monona IA 52159-0835, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Byers</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO/Assistant Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-539-2122</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351199</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HOSPERS TEL. EXCHANGE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Doug Boone</b></p>				<p>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=hospers tel. exchange, inc.,l=Sioux Center IA 51250, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Doug Boone</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-722-3451</b></p>					
Study Area Code of Reporting Carrier	<b>351202</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HUBBARD COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Lowe</span></p>				<p><small>Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop. tel. assn.,l=Hubbard IA 50122-0428, Date:5/22/2019</small></p>	
<p>Date: <span style="color: blue;">5/22/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Lowe</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-864-2216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351203</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>HUXLEY COMMUNICATIONS COOPERATIVE</b>					
Signature of Authorized Officer or employee: <b>Gary Clark</b>				<small>Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley communications cooperative,l=Huxley IA 50124-0036, Date:5/17/2019</small>	
Date: <b>5/17/2019</b>					
Printed name of Authorized Officer or employee: <b>Gary Clark</b>					
Title or position of Authorized Officer or employee: <b>General Manager and Executive VP</b>					
Telephone number of Authorized Officer or employee: <b>515-597-2281</b>					
Study Area Code of Reporting Carrier	<b>351205</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">IAMO TEL. CO.-IA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tom Steinolfson</span></p>				<p><small>Digitally signed by Tom Steinolfson DN:cn=Tom Steinolfson,email=toms@iamotelephone.com,O=iamo tel. co.-ia,lc= , Date:5/22/2019</small></p> <p>Date: <span style="color: blue;">5/22/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Steinolfson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-583-3232</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351206</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FMTC-I35, INC.</b>					
Signature of Authorized Officer or employee: <b>Josh Hveem</b>				<small>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=fmtc-i35, inc.,l=Truro IA 50257, Date:5/28/2019</small> Date: <b>5/28/2019</b>	
Printed name of Authorized Officer or employee: <b>Josh Hveem</b>					
Title or position of Authorized Officer or employee: <b>COO</b>					
Telephone number of Authorized Officer or employee: <b>641-765-4201</b>					
Study Area Code of Reporting Carrier	<b>351209</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>JORDAN SOLDIER VALLEY TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Bergmann</b></p>				<p>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:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Bergmann</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-271-5535</b></p>					
Study Area Code of Reporting Carrier	<b>351213</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALONA COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Casey Peck</span></p>				<p><small>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:5/24/2019</small></p> <p>Date: <span style="color: blue;">5/24/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Casey Peck</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-656-3668</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351214</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">KEYSTONE FRMS. COOP. TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Byran Kimm</span>				<small>Digitally signed by Byran Kimm DN:cn=Byran Kimm,email=keystone@netins.net,O=keystone frms. coop. tel. co.,l=Keystone IA 52249-0277, Date:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Byran Kimm</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">319-442-3241</span>					
Study Area Code of Reporting Carrier	351217		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA PORTE CITY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chris Hopp</span></p>				<p><small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel. co.,l=Elkader IA 52043, Date:5/20/2019</small></p>	
<p>Date: <span style="color: blue;">5/20/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chris Hopp</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-245-4480</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351220</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>LA MOTTE TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>JoAnne Gregorich</b> <small>Digitally signed by JoAnne Gregorich DN: cn=JoAnne Gregorich, email=joanne@lamotte-telco.com, O=la motte tel. co., l=LaMotte IA 52054, Date: 5/17/2019</small>				Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>JoAnne Gregorich</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>563-773-2213</b>					
Study Area Code of Reporting Carrier	<b>351222</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LEHIGH VALLEY COOP. TEL. ASSN.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jim Suchan</span>				<small>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:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Jim Suchan</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">515-359-2211</span>					
Study Area Code of Reporting Carrier	351225		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LONE ROCK COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dan Meyer</span></p>				<p><small>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:5/21/2019</small></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dan Meyer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-925-3271</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351228</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOST NATION-ELWOOD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jan Muhl</span></p>				<p><small>Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood tel. co.,l= , Date:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jan Muhl</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-678-2470</span></p>					
Study Area Code of Reporting Carrier	351229		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST IOWA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Byers</b></p>				<p>Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=northeast iowa tel. co.,l=Monona IA 52159-0835, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Byers</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO/Assistant Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-539-2122</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351230</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LYNNVILLE TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Christopher Ulmer</span></p>				<p><small>Digitally signed by Christopher Ulmer DN: cn=Christopher Ulmer, email=culmer@icorellc.com, O=lynnville telephone company, l= , Date: 5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Christopher Ulmer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">610-928-3903</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351232</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOPERATIVE TEL CO (MANILLA)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Conry</b></p>				<p>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual cooperative tel co (manilla),l=Harlan IA 51537-0311, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-744-3131</b></p>					
Study Area Code of Reporting Carrier	<b>351235</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARNE &amp; ELK HORN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Janell Hansen</span></p>				<p><small>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metcteam.com,O=marne &amp; elk horn tel. co.,l=Elk Horn IA 51531, Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Janell Hansen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-764-6161</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351237</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MARTELLE COOP. TEL. ASSN.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Hans Arwine</span>				<small>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/30/2019</small> Date: <span style="color: blue;">5/30/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Hans Arwine</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-432-7221</span>					
Study Area Code of Reporting Carrier	351238		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MASSENA TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Klocke</span>				<small>Digitally signed by Mike Klocke DN:cn=Mike Klocke,email=mike@massenatelephone.com,O=massena tel. co.,l=Massena IA 50853, Date:5/24/2019</small> Date: <span style="color: blue;">5/24/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Klocke</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">712-779-2227</span>					
Study Area Code of Reporting Carrier	351239		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MECHANICSVILLE TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Hans Arwine</span>				<small>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=mechanicsville tel. co.,l=Mechanicsville IA 52306, Date:5/30/2019</small> Date: <span style="color: blue;">5/30/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Hans Arwine</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-432-7221</span>					
Study Area Code of Reporting Carrier	351241		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Miles Cooperative Telephone Association	
Signature of authorized officer			Date		5/24/19
Printed name of authorized officer					
Scott Boehde					
Title or position of authorized officer					
General Manager / Compliance Officer					
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)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MINBURN TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Debra Lucht</b></p>				<p>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel. co.,l=Minburn IA 50167, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Debra Lucht</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-677-2264</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351245</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MINERVA VALLEY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Levi Bappe</b></p>				<p>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:5/24/2019</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Levi Bappe</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-487-7399</b></p>					
Study Area Code of Reporting Carrier	<b>351246</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MODERN COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jeffrey Brower</b></p>				<p><small>Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop. tel. co.,l=South English IA 52335, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jeffrey Brower</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-667-2375</b></p>					
Study Area Code of Reporting Carrier	<b>351247</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MUTUAL TEL. CO. OF MORNING SUN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Foor</b></p>				<p>Digitally signed by Randy Foor DN:cn=Randy Foor,email=rdf@mutel.com,O=mutual tel. co. of morning sun,l=Morning Sun IA 52640, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy Foor</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-868-7636</b></p>					
Study Area Code of Reporting Carrier	<b>351250</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MEDIAPOLIS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Angie Rupe</b></p>				<p>Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel. co.,l=Mediapolis IA 52637, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Angie Rupe</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager &amp; CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-394-3456</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351251</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTH ENGLISH COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Reed Ostenberg</b></p>				<p><small>Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop. tel. co., North English IA 52316, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Reed Ostenberg</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-664-3821</b></p>					
Study Area Code of Reporting Carrier	<b>351257</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHWEST IOWA TELEPHONE, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Bergmann</b></p>				<p>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:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Bergmann</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-271-5535</b></p>					
Study Area Code of Reporting Carrier	<b>351260</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>NORTHWEST TEL. COOP.</b>					
Signature of Authorized Officer or employee: <b>Donald Miller</b> <small>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel. coop.,l= , Date:5/23/2019</small>				Date: <b>5/23/2019</b>	
Printed name of Authorized Officer or employee: <b>Donald Miller</b>					
Title or position of Authorized Officer or employee: <b>CEO</b>					
Telephone number of Authorized Officer or employee: <b>712-776-2222</b>					
Study Area Code of Reporting Carrier	<b>351261</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">COMMUNICATIONS 1 NETWORK, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Randy Yeakel</span>				<small>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=communications 1 network, inc.,l=Kanawha IA 50447, Date:5/23/2019</small> Date: <span style="color: blue;">5/23/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Randy Yeakel</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">641-762-3772</span>					
Study Area Code of Reporting Carrier	351262		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OGDEN TEL. CO.-IA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Heckman</span></p>				<p><small>Digitally signed by James Heckman DN:cn=James Heckman,email=ogdenteljim@netins.net,O=ogden tel. co.-ia, O=Ogden IA 50212, Date:5/23/2019</small></p> <p>Date: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Heckman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager / Executive VP</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-275-2050</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351263</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OLIN TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Frank Wood</span></p>				<p><small>Digitally signed by Frank Wood DN:cn=Frank Wood,email=olintel@netins.net,O=olin tel. co., inc.,l=Olin IA 52320-0130, Date:5/21/2019</small></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Frank Wood</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-484-2200</span></p>					
Study Area Code of Reporting Carrier	351264		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ONSLow COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Russ Benke</b></p>				<p>Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=onslow coop. tel. assn.,l=Onslow IA 52321, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Russ Benke</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-485-2833</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351265</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ORAN MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Barb Gruetzmacher</span></p>				<p><small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel. co.,l= , Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Barb Gruetzmacher</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-638-6006</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351266</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PALO COOPERATIVE TELEPHONE ASSOCIATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Erin Petersen</b></p>				<p>Digitally signed by Erin Petersen DN:cn=Erin Petersen,email=palomanager@netins.net,O=palo cooperative telephone association,l=Palo IA 52324, Date:5/24/2019</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Erin Petersen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-851-3431</b></p>					
Study Area Code of Reporting Carrier	<b>351269</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PALMER MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Andy Peterson</b></p>				<p><small>Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel. co.,l=Palmer IA 50571, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Andy Peterson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-359-2411</b></p>					
Study Area Code of Reporting Carrier	<b>351270</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>PANORA COMMUNICATIONS COOPERATIVE</b>					
Signature of Authorized Officer or employee: <b>Andrew Randol</b>				<small>Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora communications cooperative,l=Panora IA 50216, Date:5/21/2019</small>	
Date: <b>5/21/2019</b>					
Printed name of Authorized Officer or employee: <b>Andrew Randol</b>					
Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b>					
Telephone number of Authorized Officer or employee: <b>641-755-2424</b>					
Study Area Code of Reporting Carrier	<b>351271</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">PEOPLES TEL. CO.-IA</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Curt Kawlewski</span>				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel. co.-ia, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">507-233-4172</span>					
Study Area Code of Reporting Carrier	351273		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">PRAIRIEBURG TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">LaRae Reichenauer</span>				<small>Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel. co., inc.,l= , Date:5/22/2019</small>  Date: <span style="color: blue;">5/22/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">LaRae Reichenauer</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">319-437-3611</span>					
Study Area Code of Reporting Carrier	351275		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PRESTON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>MaryBeth Heister</b></p>				<p><small>Digitally signed by MaryBeth Heister DN:cn=MaryBeth Heister,email=rogerak@prestontel.com,O=preston tel. co.,l=Preston IA 52069-0167, Date:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>MaryBeth Heister</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-689-3811</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351276</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>RADCLIFFE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Edwin Drake</b></p>				<p><small>Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@radcliffetelephone.com,O=radcliffe tel. co., inc.,l=Radcliffe IA 50230-0140, Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Edwin Drake</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-899-2341</b></p>					
Study Area Code of Reporting Carrier	<b>351277</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>RINGSTED TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aaron McCartan</b></p>				<p><small>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel. co.,l=Ringsted IA 50578, Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Aaron McCartan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-866-8000</b></p>					
Study Area Code of Reporting Carrier	<b>351280</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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>					

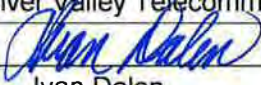
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCKWELL COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Severin</span></p>				<p><small>Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop. tel. assn.,l=Rockwell IA 50469, Date:5/17/2019</small></p>	
<p>Date: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Severin</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Mgr/Assist Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-822-3212</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351282</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROYAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Noah</span></p>				<p><small>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel. co.,l=Royal IA 51357, Date:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Noah</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CCO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-933-2615</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351283</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier River Valley Telecommunications Coop				
Signature of authorized officer 			Date	5/22/19
Printed name of authorized officer Ivan Dalen				
Title or position of authorized officer GM				
Telephone number of authorized officer: 712 859 3300 ext.				
Study Area Code of Reporting Carrier		351284	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SAC COUNTY MUTUAL TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ronald Sorensen</span>				<small>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:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Ronald Sorensen</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Compliance Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">712-668-2200</span>					
Study Area Code of Reporting Carrier	351285		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SCHALLER TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Missy Kestel</b></p>				<p><small>Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel. co.,l=Schaller IA 51053, Date:5/16/2019</small></p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Missy Kestel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Accounting General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-275-4211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351291</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>SEARSBORO TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Christopher Ulmer</b>				<small>Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=searsboro tel. co.,l=, Date:5/16/2019</small>  Date: <b>5/16/2019</b>	
Printed name of Authorized Officer or employee: <b>Christopher Ulmer</b>					
Title or position of Authorized Officer or employee: <b>Manager</b>					
Telephone number of Authorized Officer or employee: <b>610-928-3903</b>					
Study Area Code of Reporting Carrier	<b>351292</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHARON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;"><b>Robert Schneider, Jr.</b></span></p>				<p><small>Digitally signed by Robert Schneider, Jr. DN:cn=Robert Schneider, Jr., email=sharontc@sharontc.net,O=sharon tel. co.,l=Hills IA 52235, Date:5/29/2019</small></p> <p>Date: <span style="color: blue;">5/29/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Schneider, Jr.</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-679-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351293</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SCRANTON TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Allen Jacob</span>				<small>Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel. co.,l=Scranton IA 51462, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Allen Jacob</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">712-652-3355</span>					
Study Area Code of Reporting Carrier	351294		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HEART OF IOWA COMMUNICATIONS COOP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bryan Amundson</b></p>				<p><small>Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa communications coop.,l=Union IA 50258-0130, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bryan Amundson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-486-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351297</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTH SLOPE COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chuck Deisbeck</span></p>				<p><small>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:5/21/2019</small></p>	
<p>Date: <span style="color: blue;">5/21/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chuck Deisbeck</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-626-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351298</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FMTC-I35, INC. (SWT)</b>					
Signature of Authorized Officer or employee: <b>Josh Hveem</b>				<small>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=fmtc-i35, inc. (swt),l=Truro IA 50257, Date:5/28/2019</small> Date: <b>5/28/2019</b>	
Printed name of Authorized Officer or employee: <b>Josh Hveem</b>					
Title or position of Authorized Officer or employee: <b>COO</b>					
Telephone number of Authorized Officer or employee: <b>641-765-4201</b>					
Study Area Code of Reporting Carrier	<b>351301</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGVILLE COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jean Schilling</span></p>				<p><small>Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvl@netins.net,O=springville coop. tel. assn.,l=Springville IA 52336-0009, Date:5/17/2019</small></p>	
<p>Date: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jean Schilling</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-854-6107</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351302</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>				
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>				
Name of Reporting Carrier <b>Cooperative Telephone Exchange</b>				
Signature of authorized officer <i>Richard Heeren</i>			Date <b>5/21/2019</b>	
Printed name of authorized officer <b>Richard Heeren</b>				
Title or position of authorized officer <b>President</b>				
Telephone number of authorized officer: <b>(515) 826-3206</b>				
Study Area Code of Reporting Carrier <b>351303</b>		Filing Due Date for this form (mm/dd/yyyy) <b>June 17 2019</b>		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SOUTH SLOPE COOP TEL CO-SWISHER</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chuck Deisbeck</b></p>				<p><small>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:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Chuck Deisbeck</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-626-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351304</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>STRATFORD MUTUAL TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Jen Frank</b>				Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel. co.,l=Stratford IA 50249, Date:5/22/2019 Date: <b>5/22/2019</b>	
Printed name of Authorized Officer or employee: <b>Jen Frank</b>					
Title or position of Authorized Officer or employee: <b>Assistant Secretary/Office Manager</b>					
Telephone number of Authorized Officer or employee: <b>515-838-2390</b>					
Study Area Code of Reporting Carrier	<b>351305</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SULLY TEL. ASSOC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Earl "Jack" De Angelo</span>				<small>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:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Earl "Jack" De Angelo</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">641-594-2905</span>					
Study Area Code of Reporting Carrier	351306		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SUPERIOR TEL. COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cheryl Noble</span></p>				<p><small>Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel. coop.,I=Superior IA 51363, Date:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Cheryl Noble</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-858-4591</span></p>					
Study Area Code of Reporting Carrier	351307		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier <b>Templeton Telephone Company</b>				
Signature of authorized officer <i>Patricia Snyder</i>			Date	<b>5/16/2019</b>
Printed name of authorized officer <b>Patricia Snyder</b>				
Title or position of authorized officer <b>GM</b>				
Telephone number of authorized officer: <b>(712) 669-3311</b>				
Study Area Code of Reporting Carrier	<b>351308</b>		Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

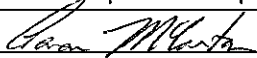
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">TERRIL TELEPHONE COOPERATIVE</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Noah</span>				<small>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril telephone cooperative,l=Terril IA 51364, Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">John Noah</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CCO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">712-853-1300</span>					
Study Area Code of Reporting Carrier	351309		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TITONKA TEL. CO. DBA TITONKA-BURT COMM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Vicky Nelson</b></p>				<p><small>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka tel. co. dba titonka-burt comm, =Titonka IA 50480-0321, Date:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Vicky Nelson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-928-2110</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351310</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery				
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>				
Name of Reporting Carrier Titonka Telephone Company				
Signature of authorized officer 			Date	07/10/2019
Printed name of authorized officer Aaron McCartan				
Title or position of authorized officer General Manager				
Telephone number of authorized officer: (515) 928-2110, ext.				
Study Area Code of Reporting Carrier	351310		Filing Due Date for this form (mm/dd/yyyy)	July 2019
<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, 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">UNITED FARMERS TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Roxanne White</span>				<small>Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel. co.,l=Everly IA 51338, Date:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Roxanne White</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">712-834-2211</span>					
Study Area Code of Reporting Carrier	351316		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">VAN BUREN TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Monte Hagge</span>				<small>Digitally signed by Monte Hagge DN:cn=Monte Hagge,email=montehagge@netins.net,O=van buren tel. co., inc.,l= , Date:5/20/2019</small>  Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Monte Hagge</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">319-293-3187</span>					
Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAN HORNE COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kerry Less</span></p>				<p><small>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:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kerry Less</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO - Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-228-8791</span></p>					
Study Area Code of Reporting Carrier	351320		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VENTURA TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Thomas Lovell</span></p>				<p><small>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:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Lovell</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-357-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351322</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Cabbage</b></p>				<p>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:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Cabbage</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-829-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351324</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WALNUT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Janell Hansen</span></p>				<p><small>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metcteam.com,O=walnut tel. co.,l=Elk Horn IA 51531, Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Janell Hansen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-764-6161</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351326</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WEBSTER-CALHOUN COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Daryl Carlson</b></p>				<p><small>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:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Daryl Carlson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-352-3151</b></p>					
Study Area Code of Reporting Carrier	<b>351328</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WELLMAN COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jayne Hochstedler</span></p>				<p><small>Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop. tel. assn.,l=Wellman IA 52356-0170, Date:5/21/2019</small></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jayne Hochstedler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-646-6075</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351329</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2019</p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST IOWA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Gannon</span></p>				<p><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:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Gannon</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-786-5572</span></p>					
Study Area Code of Reporting Carrier	351331		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WEST LIBERTY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jerry Melick</b></p>				<p><small>Digitally signed by Jerry Melick DN:cn=Jerry Melick,email=jsmelick@corp.lcom.net,O=west liberty tel. co.,l= , Date:5/21/2019</small></p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jerry Melick</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-627-2145</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351332</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WESTERN IOWA TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Heath Mallory</b></p>				<p>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:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Heath Mallory</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-944-5711</b></p>					
Study Area Code of Reporting Carrier	<b>351334</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">WESTSIDE INDP. TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kevin Skinner</span>				<small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/16/2019</small>  Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Skinner</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">712-673-2311</span>					
Study Area Code of Reporting Carrier	351335		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Stacie Harris</span></p>				<p><small>Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilton tel. co.,l=Wilton IA 52778-0970, Date:5/31/2019</small></p> <p>Date: <span style="color: blue;">5/31/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Stacie Harris</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-732-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351336</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">WOOLSTOCK MUT. TEL. ASSN.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chris Simmons</span>				<small>Digitally signed by Chris Simmons DN:cn=Chris Simmons,email=chris@wmtel.net,O=woolstock mut. tel. assn.,l= , Date:5/22/2019</small>  Date: <span style="color: blue;">5/22/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Chris Simmons</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">515-839-5571</span>					
Study Area Code of Reporting Carrier	351342		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WYOMING MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Debra Williams</b></p>				<p>Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel. co.,l=Wyoming IA 52362, Date:5/23/2019</p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Debra Williams</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager/Board Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-488-2535</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351343</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">PRAIRIE TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kevin Skinner</span>				<small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=prairie tel. co., inc.,l=Breda IA 51436-0109, Date:5/16/2019</small>  Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Skinner</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">712-673-2311</span>					
Study Area Code of Reporting Carrier	351344		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE COMM. COOPERATIVE, INC.-HILLS IA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,=Garretson SD 57030, Date:5/22/2019</small></p>	
<p>Date: <span style="color: blue;">5/22/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351405</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>KILLDUFF TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Christopher Ulmer</b>				<small>Digitally signed by Christopher Ulmer DN: cn=Christopher Ulmer, email=culmer@icorellc.com, O=killduff telephone company, c=US, Date: 5/16/2019</small> Date: <b>5/16/2019</b>	
Printed name of Authorized Officer or employee: <b>Christopher Ulmer</b>					
Title or position of Authorized Officer or employee: <b>Manager</b>					
Telephone number of Authorized Officer or employee: <b>610-928-3903</b>					
Study Area Code of Reporting Carrier	<b>351407</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MABEL COOP. TEL. CO.-IA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Julie Kolka</span></p>				<p><small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabelltel.coop,O=mabel coop. tel. co.-ia, =Mabel MN 55954, Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Julie Kolka</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-493-5411</span></p>					
Study Area Code of Reporting Carrier	351424		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALBANY MUTUAL TEL. ASSN., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steven Katka</span>				<small>Digitally signed by Steven Katka DN:cn=Steven Katka,email=steve.katka@albanytel.net,O=albany mutual tel. assn., inc., Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Steven Katka</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">320-845-2101</span>					
Study Area Code of Reporting Carrier	361347		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WILDERNESS VALLEY TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shane Young</b></p>				<p>Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=wilderness valley telephone company, inc., Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shane Young</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-488-6565</b></p>					
Study Area Code of Reporting Carrier	<b>361348</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CITY OF BARNESVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Guy Swenson</b></p>				<p>Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=gswenson@bvillemn.net,O=city of barnesville tel. co.,l=Barnesville MN 56514, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Guy Swenson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>TEC Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-354-2292</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361353</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BENTON COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheryl Scapanski</b></p>				<p><small>Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop. tel. co.,l= , Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Cheryl Scapanski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-393-2115</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361356</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CALLAWAY TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span>				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span>					
Study Area Code of Reporting Carrier	361365		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLARA CITY TEL. EXCH. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel. exch. co.,l= , Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>					
Study Area Code of Reporting Carrier	361370		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CLEMENTS TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span>				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel. co.,l= , Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span>					
Study Area Code of Reporting Carrier	361372		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CONSOLIDATED TEL. CO.-MN</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Roach</span>				<small>Digitally signed by Mark Roach DN:cn=Mark Roach,email=mark.roach@ctctelcom.net,O=consolidated tel. co.-mn, =Brainerd MN 56401, Date:5/19/2019</small>  Date: <span style="color: blue;">5/19/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Roach</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-454-1104</span>					
Study Area Code of Reporting Carrier	361373		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">DUNNELL TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Charles Mattingly</span>				<small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=dunnell tel. co., inc.,l=Judson TX 75660, Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Charles Mattingly</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Managing Member</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">903-663-0099</span>					
Study Area Code of Reporting Carrier	361381		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">EMILY COOP. TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Josh Netland</span>				<small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Josh Netland</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-763-3000</span>					
Study Area Code of Reporting Carrier	361387		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. CO.-BELLINGHAM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Beyer</b></p>				<p>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel. co.-bellingham, Date: 5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-568-2105</b></p>					
Study Area Code of Reporting Carrier	<b>361389</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FEDERATED TEL. COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kevin Beyer</span></p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/23/2019</small></p> <p>Date: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Beyer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-324-7111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361390</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>Garden Valley Technologies</b>			
Signature of authorized officer 		Date	05/22/2019
Printed name of authorized officer <b>Tim Brinkman</b>			
Title or position of authorized officer <b>CEO/General Manager</b>			
Telephone number of authorized officer: <b>(218) 687-2400</b>			
Study Area Code of Reporting Carrier	<b>361395</b>	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GARDONVILLE COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Wolf</b></p>				<p><small>Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop. tel. assn.,l= , Date:5/20/2019</small></p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Wolf</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-524-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361396</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></p>
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HALSTAD TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Forseth</b></p>				<p>Digitally signed by Mark Forseth DN:cn=Mark Forseth, email=markforseth@rrv.net, O=halstad tel. co., l=Halstad MN 56548-0055, Date:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Forseth</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-456-2125</b></p>					
Study Area Code of Reporting Carrier	<b>361401</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FEDERATED TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Beyer</b></p>				<small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated telephone cooperative,l=Chokio MN 56221, Date:5/23/2019</small> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-324-7111</b></p>					
Study Area Code of Reporting Carrier	<b>361403</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HARMONY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jill Fishbaugher</span></p>				<p><small>Digitally signed by Jill Fishbaugher DN:cn=Jill Fishbaugher,email=jill@springgrove.coop,O=harmony tel. co.,l=Spring Grove MN 55974-0516, Date:5/19/2019</small></p> <p>Date: <span style="color: blue;">5/19/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jill Fishbaugher</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-498-3456</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361404</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE COMM. COOPERATIVE, INC.-HILLS MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kari Flanagan</b></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills mn,/=Garretson SD 57030, Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-594-8228</b></p>					
Study Area Code of Reporting Carrier	<b>361405</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">HOME TEL. CO.-MN</span>					
Signature of Authorized Officer or employee: <span style="color: blue;"><b>Staci Malikowski</b></span>				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel. co.-mn,l= , Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span>					
Study Area Code of Reporting Carrier	361408		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>HUTCHINSON TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Curt Kawlewski</b>				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson telephone company, Date:5/20/2019</small>	
Date: <b>5/20/2019</b>					
Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b>					
Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer or employee: <b>507-233-4172</b>					
Study Area Code of Reporting Carrier	<b>361409</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Johnson Telephone Company				
Signature of authorized officer <i>Dwayne Johnson</i>		Date 05/29/19		
Printed name of authorized officer Dwayne Johnson				
Title or position of authorized officer Vice President				
Telephone number of authorized officer: 218-566-2302 ext.				
Study Area Code of Reporting Carrier 361410		Filing Due Date for this form (mm/dd/yyyy) June 17 2019		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>KASSON &amp; MANTORVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Beth Tollefson</b></p>				<p><small>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson &amp; mantorville tel. co.,l= , Date:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Beth Tollefson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-634-2511</b></p>					
Study Area Code of Reporting Carrier	<b>361412</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>LISMORE COOPERATIVE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tarri Joens</b></p>				<p>Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretele.com,O=lismore cooperative telephone co.,l=Lismore MN 56155-0127, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tarri Joens</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-472-8748</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361419</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>LONSDALE TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Bonnie Simon</b>				<small>Digitally signed by Bonnie Simon DN:cn=Bonnie Simon,email=bsimon@lonsdaletel.com,O=lonsdale telephone company,l=Lonsdale MN 55046, Date:5/16/2019</small> Date: <b>5/16/2019</b>	
Printed name of Authorized Officer or employee: <b>Bonnie Simon</b>					
Title or position of Authorized Officer or employee: <b>President &amp; Secretary</b>					
Telephone number of Authorized Officer or employee: <b>507-744-2311</b>					
Study Area Code of Reporting Carrier	<b>361422</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Runestone Telephone Association	
Signature of authorized officer		<i>John M. Kapphahn</i>		Date	5/20/2019
Printed name of authorized officer		John M Kapphahn			
Title or position of authorized officer		Secretary/Treasurer			
Telephone number of authorized officer:		(320) 986-2013			
Study Area Code of Reporting Carrier		361423	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

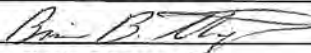
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MABEL COOPERATIVE TELEPHONE CO.- MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Julie Kolka</b></p>				<p>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabtel.coop,O=mabel cooperative telephone co.- mn, Mabel MN 55954, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Julie Kolka</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-493-5411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361424</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CHRISTENSEN COMMUNICATIONS COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brent Christensen</b></p>				<p><small>Digitally signed by Brent Christensen DN:cn=Brent Christensen,email=brentc@chriscomco.net,O=christensen communications company,l= , Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brent Christensen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-642-5514</b></p>					
Study Area Code of Reporting Carrier	<b>361425</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Manchester-Hartland Telephone Company</b>			
Signature of authorized officer 		Date	<b>5/22/2019</b>
Printed name of authorized officer <b>Brian Thompson</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(507) 826-3212</b> , ext.			
Study Area Code of Reporting Carrier	<b>361426</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 17 2019</b>
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MELROSE TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span>				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose telephone company, Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span>					
Study Area Code of Reporting Carrier	361430		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDWEST TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel. co.,l= , Date:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361431</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MINNESOTA VALLEY TEL. CO. INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Busche</span>				<small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=minnesota valley tel. co. inc.,l=Franklin MN 55333, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Busche</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">507-557-2275</span>					
Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">NEW ULM TELECOM, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Curt Kawlewski</span>				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc., Date: 5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">507-233-4172</span>					
Study Area Code of Reporting Carrier	361442		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LORETEL SYSTEMS, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span>				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc.,l= , Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span>					
Study Area Code of Reporting Carrier	361443		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PARK REGION MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Bickett</b></p>				<p><small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-826-6161</b></p>					
Study Area Code of Reporting Carrier	<b>361450</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PAUL BUNYAN RURAL TEL. COOP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Schultz</b></p>				<p><small>Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural tel. coop.,l= , Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dave Schultz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-444-1141</b></p>					
Study Area Code of Reporting Carrier	<b>361451</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>REDWOOD COUNTY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel. co.,l= , Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361472</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>ROTHSAY TELEPHONE COMPANY INC.</b>					
Signature of Authorized Officer or employee: <b>Dave Bickett</b>				<small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@ptel.com,O=rothsay telephone company inc.,l=Underwood MN 56586-0277, Date:5/21/2019</small>	
Date: <b>5/21/2019</b>					
Printed name of Authorized Officer or employee: <b>Dave Bickett</b>					
Title or position of Authorized Officer or employee: <b>General Manager/CEO</b>					
Telephone number of Authorized Officer or employee: <b>218-826-6161</b>					
Study Area Code of Reporting Carrier	<b>361474</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Runestone Telephone Association	
Signature of authorized officer		<i>John M. Kapphahn</i>		Date	5/20/2019
Printed name of authorized officer		John M Kapphahn			
Title or position of authorized officer		Secretary/Treasurer			
Telephone number of authorized officer:		(320) 986-2013			
Study Area Code of Reporting Carrier		361475	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: SACRED HEART TEL. CO.					
Signature of Authorized Officer or employee: <b>Bruce Hanson</b>				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel. co.,l=, Date:5/20/2019 Date: 5/20/2019	
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)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SCOTT RICE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=scott rice telephone company, Date:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361479</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SLEEPY EYE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel. co.,l= , Date:5/20/2019</p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
Study Area Code of Reporting Carrier	<b>361483</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>SPRING GROVE COMMUNICATIONS</b>					
Signature of Authorized Officer or employee: <b>Jill Fishbauger</b>				<small>Digitally signed by Jill Fishbauger DN:cn=Jill Fishbauger,email=jill@springgrove.coop,O=spring grove communications,l=Spring Grove MN 55974-0516, Date:5/20/2019</small> Date: <b>5/20/2019</b>	
Printed name of Authorized Officer or employee: <b>Jill Fishbauger</b>					
Title or position of Authorized Officer or employee: <b>CEO/General Manager</b>					
Telephone number of Authorized Officer or employee: <b>507-498-3456</b>					
Study Area Code of Reporting Carrier	<b>361485</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>STARBUCK TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel. co.,l= , Date:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-2211</b></p>					
Study Area Code of Reporting Carrier	<b>361487</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>UPSALA COOPERATIVE TELEPHONE ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tony Gebhard</b></p>				<p>Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala cooperative telephone assn.,l=Upsala MN 56384, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tony Gebhard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-573-1390</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361494</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">VALLEY TEL. CO.-MN</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dave Bickett</span>				<small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=valley tel. co.-mn, =Underwood MN 56586-0277, Date:5/21/2019</small> Date: <span style="color: blue;">5/21/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dave Bickett</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-826-6161</span>					
Study Area Code of Reporting Carrier	361495		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TRI-CO TECHNOLOGIES, LLC DBA CROSSLAKE COMM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Josh Netland</b></p>				<p>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:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Josh Netland</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-763-3000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361499</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHERN TELEPHONE COMPANY OF MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shane Young</b></p>				<p><small>Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=northern telephone company of mn,lc=, Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Shane Young</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-488-6565</b></p>					
Study Area Code of Reporting Carrier	<b>361500</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">WEST CENTRAL TELEPHONE ASSN.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chad Bullock</span>				<small>Digitally signed by Chad Bullock DN:cn=Chad Bullock,email=chadb@wcta.net,O=west central telephone assn.,l=Sebeka MN 56477, Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Chad Bullock</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO-GM</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-837-5151</span>					
Study Area Code of Reporting Carrier	361501		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Print Name (Last, First, Middle Initial)

Signature of Officer

Date

Print Carrier Name

Print Carrier Address (Street, City, State, ZIP)

Print Carrier Phone Number (Area Code, Number)

Print Carrier Email Address

Print Carrier Name (Last, First, Middle Initial)

August 2019

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Curt Kawlewski</span></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western telephone company, Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-233-4172</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361502</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Wikstrom Telephone Co. Inc.</b>			
Signature of authorized officer <i>Leslie B. Wikstrom</i>		Date <b>05/28/2019</b>	
Printed name of authorized officer <b>Leslie B. Wikstrom</b>			
Title or position of authorized officer <b>Vice President</b>			
Telephone number of authorized officer: <b>(218) 436-2121</b>			
Study Area Code of Reporting Carrier	<b>361505</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 17 2019</b>
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>WINTHROP TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Danny Busche</b> <small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=winthrop tel. co.,l=Franklin MN 55333, Date:5/20/2019</small>				Date: <b>5/20/2019</b>	
Printed name of Authorized Officer or employee: <b>Danny Busche</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>507-557-2275</b>					
Study Area Code of Reporting Carrier	<b>361508</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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>					

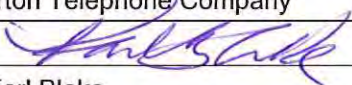
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>WOODSTOCK TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Terry Nelson</b> <small>Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock telephone company,l=Ruthon MN 56170, Date:5/21/2019</small>				Date: <b>5/21/2019</b>	
Printed name of Authorized Officer or employee: <b>Terry Nelson</b>					
Title or position of Authorized Officer or employee: <b>Operations Manager</b>					
Telephone number of Authorized Officer or employee: <b>507-658-3830</b>					
Study Area Code of Reporting Carrier	<b>361510</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Wolverton Telephone Company		
Signature of authorized officer						Date	5/17/2019
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		361512	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>ZUMBROTA TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Bruce Hanson</b> <small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota telephone company, Date:5/20/2019</small>				Date: <b>5/20/2019</b>	
Printed name of Authorized Officer or employee: <b>Bruce Hanson</b>					
Title or position of Authorized Officer or employee: <b>Treasurer</b>					
Telephone number of Authorized Officer or employee: <b>320-847-2211</b>					
Study Area Code of Reporting Carrier	<b>361515</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>INTERSTATE TELECOMMUNICATIONS COOP., INC.-MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bryan Roth</b></p>				<p><small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bryan.roth@itctel.com,O=interstate telecommunications coop., inc.-mn,l=Clear Lake SD 57226-0920, Date:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bryan Roth</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-874-2181</b></p>					
Study Area Code of Reporting Carrier	<b>361654</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ARAPAHOE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Koller</b></p>				<p><small>Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe telephone company,l=Arapahoe NE 68922, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>John Koller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-962-7298</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371516</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ELSIE COMMUNICATIONS, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Shipley</span>				<small>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@ghvalley.net, O=elsie communications, inc., l=Colorado City CO 81019, Date: 5/21/2019</small>  Date: <span style="color: blue;">5/21/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">David Shipley</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">866-542-6780</span>					
Study Area Code of Reporting Carrier	371518		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>THREE RIVER TELCO</b>					
Signature of Authorized Officer or employee: <b>Steven Dorf</b> <small>Digitally signed by Steven Dorf DN:cn=Steven Dorf,email=sdorf@threerivertelco.com,O=three river telco,l=Lynch NE 68746-0066, Date:5/30/2019</small>				Date: <b>5/30/2019</b>	
Printed name of Authorized Officer or employee: <b>Steven Dorf</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>402-569-2666</b>					
Study Area Code of Reporting Carrier	<b>371525</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CAMBRIDGE TELEPHONE COMPANY - NE</b></p>					
<p>Signature of Authorized Officer or employee: <b>J. Shoemaker</b></p>				<p>Digitally signed by J. Shoemaker DN:cn=J. Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridge telephone company - ne,l=Cambridge NE 69022, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>J. Shoemaker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>V P Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-697-3333</b></p>					
Study Area Code of Reporting Carrier	<b>371526</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CONSOLIDATED TELCO, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;"><b>Wendy Thompson Fast</b></span></p>				<p><small>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:5/21/2019</small></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wendy Thompson Fast</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-489-2728</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371530</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CLARKS TELECOMMUNICATIONS CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patrick McElroy</b></p>				<p>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=clarks telecommunications co.,l= , Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Patrick McElroy</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-632-4321</b></p>					
Study Area Code of Reporting Carrier	<b>371531</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELEPHONE COMPANY- NE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>				<p>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telephone company- ne, =Lincoln NE 68506-0147, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-489-2728</b></p>					
Study Area Code of Reporting Carrier	<b>371532</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>COZAD TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Marcus Young</b>				<small>Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad telephone company, Date:5/17/2019</small> Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Marcus Young</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>308-784-4044</b>					
Study Area Code of Reporting Carrier	<b>371534</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CURTIS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>				<p>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=curtis telephone company,l=Lincoln NE 68506-0147, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-489-2728</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371536</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">DALTON TELEPHONE COMPANY, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Shipley</span>				<small>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@ghvalley.net, O=dalton telephone company, inc., c=Colorado City CO 81019, Date: 5/21/2019</small> Date: <span style="color: blue;">5/21/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">David Shipley</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">866-542-6779</span>					
Study Area Code of Reporting Carrier	371537		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">DILLER TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Loren Duerksen</span>				<small>Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller telephone company,l=Diller NE 68342-0236, Date:5/23/2019</small> Date: <span style="color: blue;">5/23/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Loren Duerksen</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Director of Operations</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">402-793-5330</span>					
Study Area Code of Reporting Carrier	371540		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GLENWOOD TELEPHONE MEMBERSHIP CORP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Stanley Rouse</b></p>				<p>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:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Stanley Rouse</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-756-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371553</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier **Hamilton Telephone Company**

Signature of authorized officer

Date

5-17-19

Printed name of authorized officer **John Nelson**Title or position of authorized officer **First vice President**

Telephone number of authorized officer: (402) 694- 5101 , ext.

Study Area Code of Reporting Carrier

371655

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

June 17 2019

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HARTINGTON TELECOMMUNICATIONS CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike Becker</b></p>				<p>Digitally signed by Mike Becker DN:cn=Mike Becker,email=mbecker@hartel.net,O=hartington telecommunications co., inc.,l=Hartington NE 68739-0157, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike Becker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-254-3901</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371556</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>HARTMAN TELEPHONE EXCHANGES INC.</b>					
Signature of Authorized Officer or employee: <b>Linda McKain</b> <small>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=hartman telephone exchanges inc.,l=Benkelman NE 69021, Date:5/17/2019</small>				Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Linda McKain</b>					
Title or position of Authorized Officer or employee: <b>Accounting Manager</b>					
Telephone number of Authorized Officer or employee: <b>308-423-5607</b>					
Study Area Code of Reporting Carrier	<b>371557</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>HEMINGFORD COOP. TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Tonya Mayer</b>				<small>Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop. telephone company,l=Hemingford NE 69348-0246, Date:5/17/2019</small>	
Date: <b>5/17/2019</b>					
Printed name of Authorized Officer or employee: <b>Tonya Mayer</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>308-487-3311</b>					
Study Area Code of Reporting Carrier	<b>371558</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HENDERSON CO-OP TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Mestl</b></p>				<p>Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henderson co-op telephone company,l=Henderson NE 68371, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Mestl</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Board President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-723-4448</b></p>					
Study Area Code of Reporting Carrier	<b>371559</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HERSHEY COOPERATIVE TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rex Woolley</b></p>				<p>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey cooperative telephone co,l=Hershey NE 69143, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rex Woolley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-368-5561</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371561</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELECOM, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>				<p>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telecom, inc.,l=Lincoln NE 68506-0147, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-489-2728</b></p>					
Study Area Code of Reporting Carrier	<b>371562</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">HOOPER TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Gannon</span>				<small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper telephone company,l=Remsen IA 51050-0330, Date:5/17/2019</small>	
Date: <span style="color: blue;">5/17/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Gannon</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">712-786-5572</span>					
Study Area Code of Reporting Carrier	371563		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>K &amp; M TELEPHONE COMPANY INC.</b>					
Signature of Authorized Officer or employee: <b>Thomas Magnuson</b>				<small>Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k &amp; m telephone company inc.,l=Chambers NE 68725, Date:5/17/2019</small> Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Thomas Magnuson</b>					
Title or position of Authorized Officer or employee: <b>President/General Manager</b>					
Telephone number of Authorized Officer or employee: <b>402-482-5800</b>					
Study Area Code of Reporting Carrier	<b>371565</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GLENWOOD NETWORK SERVICES, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Stanley Rouse</b></p>				<p><small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood network services, inc.,l=Blue Hill NE 68930-0008, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Stanley Rouse</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-756-3131</b></p>					
Study Area Code of Reporting Carrier	<b>371567</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NEBRASKA CENTRAL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Nancy McGregor-Jader</b></p>				<p>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:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Nancy McGregor-Jader</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-468-6341</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371574</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST NEBRASKA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patrick McElroy</b></p>				<p><small>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=northeast nebraska telephone company, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Patrick McElroy</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-632-4321</b></p>					
Study Area Code of Reporting Carrier	<b>371576</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PIERCE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>William Fogle</b></p>				<p>Digitally signed by William Fogle DN:cn=William Fogle,email=wfogle@piercetelephone.com,O=pierce telephone company,l=Pierce NE 68767-0113, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>William Fogle</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-329-6225</b></p>					
Study Area Code of Reporting Carrier	<b>371581</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>PLAINVIEW TELEPHONE COMPANY INC.</b>					
Signature of Authorized Officer or employee: <b>Eric Nye</b>				<small>Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@plvwtelco.net,O=plainview telephone company inc.,l=Plainview NE 68769-0117, Date:5/23/2019</small> Date: <b>5/23/2019</b>	
Printed name of Authorized Officer or employee: <b>Eric Nye</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>402-582-4242</b>					
Study Area Code of Reporting Carrier	<b>371582</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>SODTOWN TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Mike Plautz</b>				<small>Digitally signed by Mike Plautz DN:cn=Mike Plautz,email=secretary@sdntele.com,O=sodtown tel. co.,l= , Date:5/17/2019</small> Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Mike Plautz</b>					
Title or position of Authorized Officer or employee: <b>Secretary</b>					
Telephone number of Authorized Officer or employee: <b>308-467-2310</b>					
Study Area Code of Reporting Carrier	<b>371590</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SOUTHEAST NEBRASKA COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ray Joy</b></p>				<p><small>Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=southeast nebraska communications, inc.,l= , Date:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Ray Joy</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-245-4451</b></p>					
Study Area Code of Reporting Carrier	<b>371591</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>STANTON TELECOM INC.</b>					
Signature of Authorized Officer or employee: <b>Robert Paden</b>				<small>Digitally signed by Robert Paden DN:cn=Robert Paden,email=rjpaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/24/2019</small> Date: <b>5/24/2019</b>	
Printed name of Authorized Officer or employee: <b>Robert Paden</b>					
Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b>					
Telephone number of Authorized Officer or employee: <b>402-439-2264</b>					
Study Area Code of Reporting Carrier	<b>371592</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>WAUNETA TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Linda McKain</b>				Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=wauneta tel. co.,l=Benkelman NE 69021, Date:5/17/2019 Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Linda McKain</b>					
Title or position of Authorized Officer or employee: <b>Accounting Manager</b>					
Telephone number of Authorized Officer or employee: <b>308-423-5607</b>					
Study Area Code of Reporting Carrier	<b>371597</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BENKELMAN TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Linda McKain</b></p>				<p>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=benkelman telephone company inc.,l=Benkelman NE 69021, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Linda McKain</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-423-5607</b></p>					
Study Area Code of Reporting Carrier	<b>372455</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTH DAKOTA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shawna Senger</b></p>				<p>Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota telephone company,l=Devils Lake ND 58301, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shawna Senger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-662-6428</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381447</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Wolverton Telephone Company	
Signature of authorized officer			Date		5/17/2019
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)	June 17 2019		

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ABSARAKA COOP TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ann Faught</b></p>				<p>Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop telephone co.,l= , Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ann Faught</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-896-3404</b></p>					
Study Area Code of Reporting Carrier	<b>381601</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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>					

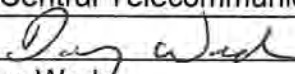
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BEK COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brandon Vaughan</b></p>				<p>Digitally signed by Brandon Vaughan DN: cn=Brandon Vaughan, email=brandonv@bektel.coop, O=bek communications cooperative, I=Steele ND 58482, Date: 5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brandon Vaughan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/Financial Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-475-1246</b></p>					
Study Area Code of Reporting Carrier	<b>381604</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Consolidated Telcom				
Signature of authorized officer <i>Bill Schaller</i>		Date 5/28/2019		
Printed name of authorized officer Bill Schaller				
Title or position of authorized officer President				
Telephone number of authorized officer: (701) 483-4000				
Study Area Code of Reporting Carrier 381607		Filing Due Date for this form (mm/dd/yyyy) June 17 2019		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <b>Dakota Central Telecommunications Cooperative / DCTI</b>				
Signature of authorized officer 		Date	<b>5-23-19</b>	
Printed name of authorized officer <b>Doug Wede</b>				
Title or position of authorized officer <b>President</b>				
Telephone number of authorized officer: <b>(701) 652-3184</b>				
Study Area Code of Reporting Carrier	<b>381610</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 17 2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DICKEY RURAL TEL COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;"><b>Kent Schimke</b></span></p>				<p><small>Digitally signed by Kent Schimke DN:cn=Kent Schimke,email=kschimke@drtel.com,O=dickey rural tel coop.,l=Ellendale ND 58436, Date:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kent Schimke</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-344-6031</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381611</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Polar Communications Mutual Aid Corp	
Signature of authorized officer			Date		5/17/2019
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)	June 17 2019		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GRIGGS COUNTY TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tyler Kilde</b></p>				<p>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county telephone company,l=Enderlin ND 58027-0066, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tyler Kilde</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-437-9209</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381615</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>INTER-COMMUNITY TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Brandon Vaughan</b>				<small>Digitally signed by Brandon Vaughan DN: cn=Brandon Vaughan, email=brandonv@bektel.coop, O=inter-community telephone company, l=Steele ND 58482, Date: 5/21/2019</small> Date: <b>5/21/2019</b>	
Printed name of Authorized Officer or employee: <b>Brandon Vaughan</b>					
Title or position of Authorized Officer or employee: <b>CFO/Financial Manager</b>					
Telephone number of Authorized Officer or employee: <b>701-475-1246</b>					
Study Area Code of Reporting Carrier	<b>381616</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MIDSTATE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ryan Wilhelmi</b></p>				<small>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate telephone company,l=Stanley ND 58784-0400, Date:5/22/2019</small> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Ryan Wilhelmi</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-628-2522</b></p>					
Study Area Code of Reporting Carrier	<b>381617</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>GRIGGS COUNTY TEL. CO. (MOORE&amp;LIBERTY)</b>					
Signature of Authorized Officer or employee: <b>Tyler Kilde</b>				<small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county tel. co. (moore&amp;liberty),l=Enderlin ND 58027-0066, Date:5/22/2019</small>	
Date: <b>5/22/2019</b>					
Printed name of Authorized Officer or employee: <b>Tyler Kilde</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>701-437-9209</b>					
Study Area Code of Reporting Carrier	<b>381622</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>NORTHWEST COMMUNICATIONS COOPERATIVE</b>					
Signature of Authorized Officer or employee: <b>Jennifer Bingeman</b>				<small>Digitally signed by Jennifer Bingeman DN:cn=Jennifer Bingeman,email=jenb@nccray.com,O=northwest communications cooperative, Date:5/16/2019</small> Date: <b>5/16/2019</b>	
Printed name of Authorized Officer or employee: <b>Jennifer Bingeman</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>701-568-8101</b>					
Study Area Code of Reporting Carrier	<b>381625</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Polar Communications Mutual Aid Corp	
Signature of authorized officer			Date		5/17/2019
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)		June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM</b>					
Signature of Authorized Officer or employee: <b>Jeffrey Olson</b>				<small>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:5/21/2019</small>	
Date: <b>5/21/2019</b>					
Printed name of Authorized Officer or employee: <b>Jeffrey Olson</b>					
Title or position of Authorized Officer or employee: <b>General Manager/CEO</b>					
Telephone number of Authorized Officer or employee: <b>701-553-8309</b>					
Study Area Code of Reporting Carrier	<b>381631</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier RESERVATION TELEPHONE COOPERATIVE				
Signature of authorized officer <i>Shane D Hart</i>			Date 5/28/2019	
Printed name of authorized officer SHANE D HART				
Title or position of authorized officer CEO/GM				
Telephone number of authorized officer: (701) 862-5229				
Study Area Code of Reporting Carrier		381632	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>UNITED TELEPHONE MUTUAL AID CORP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Perry Oster</b></p>				<p>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:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Perry Oster</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-256-5156</b></p>					
Study Area Code of Reporting Carrier	<b>381636</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>WEST RIVER TELECOMMUNICATIONS COOPERATIVE</b>					
Signature of Authorized Officer or employee: <b>Troy Schilling</b>				<small>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative, =Hazen ND 58545, Date:5/29/2019</small>	
Date: <b>5/29/2019</b>					
Printed name of Authorized Officer or employee: <b>Troy Schilling</b>					
Title or position of Authorized Officer or employee: <b>CEO/General Manager</b>					
Telephone number of Authorized Officer or employee: <b>701-748-2211</b>					
Study Area Code of Reporting Carrier	<b>381637</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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. §§ 502, 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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: MIDSTATE COMMUNICATIONS INC.					
Signature of Authorized Officer or employee: Ryan Wilhelmi <small>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate communications inc.,l=Stanley ND 58784-0400, Date:5/22/2019</small>				Date: 5/22/2019	
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)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SRT COMMUNICATIONS, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steve Lysne</span>				<small>Digitally signed by Steve Lysne DN:cn=Steve Lysne,email=stevedl@srttel.com,O=srt communications, inc.,l=Minot ND 58702-2027, Date:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Lysne</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">701-858-5246</span>					
Study Area Code of Reporting Carrier	383303		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE COMM. COOPERATIVE, INC.-HILLS SD</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kari Flanagan</b></p>				<p>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:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-594-8228</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391405</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (ARMOUR)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p><small>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:5/20/2019</small></p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391640</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALLIANCE COMM. COOPERATIVE, INC.-BALTIC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kari Flanagan</span>				<small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-baltic,lc=Garretson SD 57030, Date:5/22/2019</small> Date: <span style="color: blue;">5/22/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span>					
Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Cheyenne River Sioux Tribe Telephone Authority				
Signature of authorized officer <i>Terrance Veo</i>			Date	05-22-2019
Printed name of authorized officer Terrance Veo				
Title or position of authorized officer President				
Telephone number of authorized officer: (605) 964-2600				
Study Area Code of Reporting Carrier	391647	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BERESFORD MUNICIPAL TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Todd Hansen</span>				<small>Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal tel. co.,l= , Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Todd Hansen</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-763-2500</span>					
Study Area Code of Reporting Carrier	391649		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CLARITY TELECOM, LLC</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Keith Davidson</span>				<small>Digitally signed by Keith Davidson DN:cn=Keith Davidson,email=Keith.Davidson@vastbroadband.com,O=clarity telecom, llc, Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Keith Davidson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">573-481-2265</span>					
Study Area Code of Reporting Carrier	391652		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CITY OF FAITH MUNICIPAL TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Debbie Brown</b></p>				<p><small>Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith municipal tel co,l=Faith SD 57626-0368, Date:5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Debbie Brown</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Finance Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-967-2261</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391653</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>INTERSTATE TELECOMMUNICATIONS COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bryan Roth</b></p>				<p>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bryan.roth@itctel.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bryan Roth</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-874-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391654</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE COMM. COOPERATIVE, INC.-SPLITROCK</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kari Flanagan</b></p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-594-8228</b></p>					
Study Area Code of Reporting Carrier	<b>391657</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GOLDEN WEST TELECOM. COOP, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dennis Law</span></p>				<p><small>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:5/20/2019</small></p>	
<p>Date: <span style="color: blue;">5/20/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-279-2161</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391659</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FORT RANDALL TEL. CO. DBA MT. RUSHMORE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=fort randall tel. co. dba mt. rushmore tel co, Date: 5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-2211</b></p>					
Study Area Code of Reporting Carrier	<b>391660</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>JAMES VALLEY COOPERATIVE TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>James Groft</b>				<small>Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley cooperative telephone company, Date:5/20/2019</small> Date: <b>5/20/2019</b>	
Printed name of Authorized Officer or employee: <b>James Groft</b>					
Title or position of Authorized Officer or employee: <b>CEO</b>					
Telephone number of Authorized Officer or employee: <b>605-397-2323</b>					
Study Area Code of Reporting Carrier	<b>391664</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>JEFFERSON TELEPHONE COMPANY - SD</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tom Connors</b></p>				<p><small>Digitally signed by Tom Connors DN:cn=Tom Connors,email=tomc@longlines.biz,O=jefferson telephone company - sd, n=Jefferson SD 57038-0128, Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tom Connors</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-966-5631</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391666</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">GOLDEN WEST TELECOM COOP (KADOKA)</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dennis Law</span>				<small>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: 5/20/2019</small>	
Date: <span style="color: blue;">5/20/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-279-2161</span>					
Study Area Code of Reporting Carrier	391667		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>KENNEBEC TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rod Bowar</b></p>				<p>Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec telephone company,l=Kennebec SD 57544, Date: 5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rod Bowar</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-869-2220</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391668</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>TRIOTEL COMMUNICATIONS, INC. (MCCOOK)</b>					
Signature of Authorized Officer or employee: <b>Bryan Roth</b>				<small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel communications, inc. (mccook),l=Salem SD 57058-0630, Date:5/23/2019</small> Date: <b>5/23/2019</b>	
Printed name of Authorized Officer or employee: <b>Bryan Roth</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>605-425-2238</b>					
Study Area Code of Reporting Carrier	<b>391669</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: MIDSTATE COMMUNICATIONS, INC.					
Signature of Authorized Officer or employee: Mark Benton				<small>Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate communications, inc.,l=Kimball SD 57355, Date:5/28/2019</small> Date: 5/28/2019	
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)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

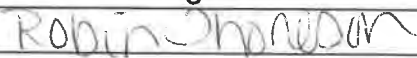
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WEST RIVER TELECOMMUNICATIONS COOP.(MOBRIDGE)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Troy Schilling</b></p>				<p>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications coop.(mobridge),l=Hazen ND 58545, Date:5/29/2019</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Troy Schilling</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-748-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391671</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier	RC Technologies		
Signature of authorized officer		Date	5/17/19
Printed name of authorized officer	Robin Thoreson		
Title or position of authorized officer	Accounting Dept Manager		
Telephone number of authorized officer:	(605) 637-5211		
Study Area Code of Reporting Carrier	391674	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SANTEL COMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ryan Thompson</b></p>				<p><small>Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.coop,O=santel communications cooperative, inc.,l=Woonsocket SD 57385-0067, Date:5/16/2019</small></p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ryan Thompson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-796-8143</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391676</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (SIOUX VALLEY)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p><small>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: 5/20/2019</small></p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391677</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>INTERSTATE TELECOMMUNICATIONS COOP., INC.-SST</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bryan Roth</b></p>				<p>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bryan.roth@itctel.com,O=interstate telecommunications coop., inc.-sst,l=Clear Lake SD 57226-0920, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bryan Roth</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-874-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391679</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>VENTURE COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Houdek</b></p>				<p><small>Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture communications cooperative,l=Highmore SD 57345-0157, Date:5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Randy Houdek</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-852-1111</b></p>					
Study Area Code of Reporting Carrier	<b>391680</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>TRIOTEL COMMUNICATIONS, INC. (TRI-COUNTY)</b>					
Signature of Authorized Officer or employee: <b>Bryan Roth</b>				<small>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:5/23/2019</small> Date: <b>5/23/2019</b>	
Printed name of Authorized Officer or employee: <b>Bryan Roth</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>605-425-2238</b>					
Study Area Code of Reporting Carrier	<b>391682</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (UNION)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p><small>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:5/20/2019</small></p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391684</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>VALLEY TELECOMM. COOP. ASSN., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jeff Symens</b></p>				<p><small>Digitally signed by Jeff Symens DN:cn=Jeff Symens,email=jeff.s@valleytel.coop,O=valley telecomm. coop. assn.,inc.,l=Herreid SD 57632-0007, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jeff Symens</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-437-2615</b></p>					
Study Area Code of Reporting Carrier	<b>391685</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (VIVIAN)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p>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:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
Study Area Code of Reporting Carrier	<b>391686</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST RIVER COOPERATIVE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Colle Nash</span></p>				<p><small>Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river cooperative tel. co.,l=Bison SD 57620, Date:5/21/2019</small></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Colle Nash</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager / CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-244-5213</span></p>					
Study Area Code of Reporting Carrier	391689		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>ARKANSAS TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Randy McCaslin</b>				<small>Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas telephone company,l=Clinton AR 72031, Date:5/29/2019</small> Date: <b>5/29/2019</b>	
Printed name of Authorized Officer or employee: <b>Randy McCaslin</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>501-745-2114</b>					
Study Area Code of Reporting Carrier	<b>401692</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>CENTRAL ARKANSAS TEL. COOP INC.</b>					
Signature of Authorized Officer or employee: <b>Larry Frazier</b>				<small>Digitally signed by Larry Frazier DN:cn=Larry Frazier,email=larryf@catc.net,O=central arkansas tel. coop inc.,l=Bismarck AR 71929, Date:5/23/2019</small> Date: <b>5/23/2019</b>	
Printed name of Authorized Officer or employee: <b>Larry Frazier</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>501-865-7008</b>					
Study Area Code of Reporting Carrier	<b>401697</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

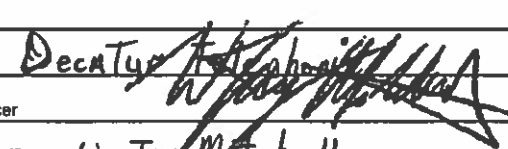
Name of Reporting Carrier <i>Cleveland County Telephone</i>			
Signature of authorized officer <i>[Signature]</i>		Date	<i>5/30/19</i>
Printed name of authorized officer <i>W. J. Mitchell</i>			
Title or position of authorized officer <i>Vice Pres</i>			
Telephone number of authorized officer: <i>417-276-2247</i>			
Study Area Code of Reporting Carrier	<i>1698</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>June 17 2019</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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier <u>Decatur Telephone</u>			
Signature of authorized officer 		Date <u>5/30/19</u>	
Printed name of authorized officer <u>W. Jay Mitchell</u>			
Title or position of authorized officer <u>Vice Pres</u>			
Telephone number of authorized officer: <u>417-776-2247xt.</u>			
Study Area Code of Reporting Carrier	<u>1699</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 17 2019</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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SOUTH ARKANSAS TEL. CO.,INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Greg Ashcraft</span>				<small>Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel. co.,inc.,l=Sheridan AR 72150, Date:5/29/2019</small>  Date: <span style="color: blue;">5/29/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Greg Ashcraft</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">870-942-4344</span>					
Study Area Code of Reporting Carrier	401702		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>LAVACA TELEPHONE-AR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Keith Gibson</b></p>				<p>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca telephone-ar, =Lavaca AR 72941-0230, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Keith Gibson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>479-674-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401704</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MADISON COUNTY TEL. CO. INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tom Shrum</span>				<small>Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel. co. inc.,l=Huntsville AR 72740, Date:5/28/2019</small> Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Shrum</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">479-738-2121</span>					
Study Area Code of Reporting Carrier	401709		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MAGAZINE TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cheryl Stone</span>				<small>Digitally signed by Cheryl Stone DN:cn=Cheryl Stone,email=magtel@magtel.com,O=magazine telephone company,l=Magazine AR 72943, Date:5/30/2019</small>  Date: <span style="color: blue;">5/30/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Cheryl Stone</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Board Secretary</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">479-969-2211</span>					
Study Area Code of Reporting Carrier	401710		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>MOUNTAIN VIEW TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Aaron Millsap</b>				<small>Digitally signed by Aaron Millsap DN:cn=Aaron Millsap,email=aaron.millsap@yelcot.com,O=mountain view telephone company,l=Mountain Home AR 72654, Date:5/20/2019</small>	
Date: <b>5/20/2019</b>					
Printed name of Authorized Officer or employee: <b>Aaron Millsap</b>					
Title or position of Authorized Officer or employee: <b>Vice President of Finance</b>					
Telephone number of Authorized Officer or employee: <b>870-425-3100</b>					
Study Area Code of Reporting Carrier	<b>401712</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHERN ARKANSAS TEL. CO.,INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Sanders, Jr.</b></p>				<p>Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=northern arkansas tel. co.,inc.,l=Flippin AR 72634-0209, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steven Sanders, Jr.</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-453-9273</b></p>					
Study Area Code of Reporting Carrier	<b>401713</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PRAIRIE GROVE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rick Reed</b></p>				<p>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:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rick Reed</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>479-846-7200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401718</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier				Rice Belt Telephone Company Inc.	
Signature of authorized officer			Date		5-16-2019
Printed name of authorized officer			Darby A. McCarty		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(812) 876-2211		
Study Area Code of Reporting Carrier		401721	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>E. RITTER TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Bob Mouser</b>				<small>Digitally signed by Bob Mouser DN:cn=Bob Mouser,email=bob.mouser@rittercommunications.com,O=e . ritter telephone company, Date:5/30/2019</small>	
Date: <b>5/30/2019</b>					
Printed name of Authorized Officer or employee: <b>Bob Mouser</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>870-429-1116</b>					
Study Area Code of Reporting Carrier	<b>401722</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SOUTHWEST ARKANSAS TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tina Moore</b></p>				<p><small>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=southwest arkansas tel. coop. inc., Date:5/23/2019</small></p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tina Moore</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Accountant</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-653-8222</b></p>					
Study Area Code of Reporting Carrier	<b>401724</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WALNUT HILL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Adam Dixon</b></p>				<p>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=walnut hill telephone company, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-921-5757</b></p>					
Study Area Code of Reporting Carrier	<b>401729</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">YELCOT TEL. CO.,INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aaron Millsap</span>				<small>Digitally signed by Aaron Millsap DN:cn=Aaron Millsap,email=aaron.millsap@yelcot.com,O=yelcot tel. co.,inc.,l=Mountain Home AR 72654, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron Millsap</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Finance</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">870-425-3100</span>					
Study Area Code of Reporting Carrier	401733		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SCOTT COUNTY TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Karen Gilliam</b></p>				<small>Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county telephone company,l=Avilla MO 64833, Date:5/29/2019</small> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Karen Gilliam</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>479-923-4200</b></p>					
Study Area Code of Reporting Carrier	<b>403031</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BLUE VALLEY TELE-COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Candace Wright</b></p>				<p><small>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-communications, inc.,l= , Date:5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Candace Wright</b></p>					
<p>Title or position of Authorized Officer or employee: <b>GM/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-799-3657</b></p>					
Study Area Code of Reporting Carrier	<b>411746</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>COUNCIL GROVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dale Jones</b></p>				<p><small>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:5/20/2019</small></p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dale Jones</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-767-5153</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411758</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CUNNINGHAM TELEPHONE CO. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brent Cunningham</b></p>				<p><small>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:5/21/2019</small></p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brent Cunningham</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-545-3215</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411761</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>ELKHART TELEPHONE COMPANY INC.</b>					
Signature of Authorized Officer or employee: <b>Trenton Boaldin</b>				<small>Digitally signed by Trenton Boaldin DN:cn=Trenton Boaldin,email=tdboaldin@epictouch.com,O=elkhart telephone company inc.,l=Elkhart KS 67950, Date:5/23/2019</small>	
Date: <b>5/23/2019</b>					
Printed name of Authorized Officer or employee: <b>Trenton Boaldin</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>620-697-2111</b>					
Study Area Code of Reporting Carrier	<b>411764</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GOLDEN BELT TELEPHONE ASSN. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Beau Rebel</span></p>				<p><small>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:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Beau Rebel</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">785-372-4236</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411777</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GORHAM TELEPHONE COMPANY INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tonya Murphy</span></p>				<p><small>Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham telephone company inc.,l=Gorham KS 67640-0235, Date:5/30/2019</small></p> <p>Date: <span style="color: blue;">5/30/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tonya Murphy</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">785-637-5300</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411778</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>HAVILAND TELEPHONE COMPANY INC.</b>					
Signature of Authorized Officer or employee: <b>Mark Wade</b>				<small>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland telephone company inc.,l=Haviland KS 67059, Date:5/17/2019</small>	
Date: <b>5/17/2019</b>					
Printed name of Authorized Officer or employee: <b>Mark Wade</b>					
Title or position of Authorized Officer or employee: <b>VP of Operations</b>					
Telephone number of Authorized Officer or employee: <b>620-862-5211</b>					
Study Area Code of Reporting Carrier	<b>411780</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>H &amp; B COMMUNICATIONS INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Koch</b></p>				<p><small>Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h &amp; b communications inc.,l=Holyrood KS 67450, Date:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Robert Koch</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-252-4000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411781</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOME TELEPHONE COMPANY INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tina Anderson</span></p>				<p><small>Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home telephone company inc.,l=Galva KS 67443, Date:5/22/2019</small></p> <p>Date: <span style="color: blue;">5/22/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tina Anderson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Customer Acct &amp; Billing Mgr/Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-654-3381</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411782</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>J. B. N. TELEPHONE COMPANY INC.</b>					
Signature of Authorized Officer or employee: <b>Mark Wade</b>				<small>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:5/17/2019</small> Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Mark Wade</b>					
Title or position of Authorized Officer or employee: <b>VP of Operations</b>					
Telephone number of Authorized Officer or employee: <b>620-862-5211</b>					
Study Area Code of Reporting Carrier	<b>411785</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>KANOKLA TELEPHONE ASSOCIATION - KS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jill Kuehny</b></p>				<p><small>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ks,l=Caldwell KS 67022-0111, Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jill Kuehny</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-845-5682</b></p>					
Study Area Code of Reporting Carrier	<b>411788</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MADISON TELEPHONE, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shana Rains</b></p>				<p><small>Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison telephone, llc,l=Madison KS 66860, Date:5/17/2019</small></p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shana Rains</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Accountant</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-437-2356</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411801</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MOKAN DIAL, INC.- KS</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Adam Dixon</span>				<small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=mokan dial, inc.- ks,lc=US, Date:5/28/2019</small> Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Adam Dixon</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">870-921-5757</span>					
Study Area Code of Reporting Carrier	411807		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>MUTUAL TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>John Tietjens</b>				<small>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mual telephone company,l=Little River KS 67457, Date:5/28/2019</small> Date: <b>5/28/2019</b>	
Printed name of Authorized Officer or employee: <b>John Tietjens</b>					
Title or position of Authorized Officer or employee: <b>President &amp; General Manager</b>					
Telephone number of Authorized Officer or employee: <b>620-897-6200</b>					
Study Area Code of Reporting Carrier	<b>411809</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TELECOMMUNICATIONS, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kathy Billinger</b></p>				<p>Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecommunications, llc, =LaCygne KS 66040, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kathy Billinger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>913-757-2500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411814</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>CRAW-KAN TELEPHONE COOP INC- KS</b>					
Signature of Authorized Officer or employee: <b>Craig Wilbert</b>				<small>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:5/17/2019</small> Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Craig Wilbert</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>620-724-8235</b>					
Study Area Code of Reporting Carrier	<b>411818</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">RAINBOW TELECOMMUNICATIONS ASSOC., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kathy Ruoff</span>				<small>Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecommunications assoc., inc.,l=Everest KS 66424, Date:5/21/2019</small>	
Date: <span style="color: blue;">5/21/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Kathy Ruoff</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">785-548-7511</span>					
Study Area Code of Reporting Carrier	411820		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">S &amp; T TEL. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Christina Hickert</span></p>				<p><small>Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s &amp; t tel. coop. assn.,l=Brewster KS 67732, Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Christina Hickert</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">256-694-2256</span></p>					
Study Area Code of Reporting Carrier	411827		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>S &amp; A TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Janet Bathurst</b></p>				<p>Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s &amp; a telephone company, inc.,l=Allen KS 66833-0068, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Janet Bathurst</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-528-3223</b></p>					
Study Area Code of Reporting Carrier	<b>411829</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SOUTH CENTRAL TEL. ASSN. INC.-KS</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Carla Shearer</span>				<small>Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn. inc.-ks,l= , Date:5/22/2019</small>  Date: <span style="color: blue;">5/22/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Carla Shearer</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">620-930-1082</span>					
Study Area Code of Reporting Carrier	411831		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SOUTHERN KANSAS TEL. CO.,INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>William McVey</b></p>				<p><small>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:5/18/2019</small></p> <p>Date: <b>5/18/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>William McVey</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-584-8337</b></p>					
Study Area Code of Reporting Carrier	<b>411833</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TRI-COUNTY TEL. ASSN. INC.-KS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dale Jones</b></p>				<p><small>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:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dale Jones</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-767-5153</b></p>					
Study Area Code of Reporting Carrier	<b>411839</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>UNITED TELEPHONE ASSOCIATION, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jennifer Pachner</b></p>				<p>Digitally signed by Jennifer Pachner DN:cn=Jennifer Pachner,email=jenniferp@unitedtelcom.net,O=united telephone association, inc.,l=Dodge City KS 67801-0117, Date:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jennifer Pachner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-227-8641</b></p>					
Study Area Code of Reporting Carrier	<b>411841</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WHEAT STATE TELEPHONE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Hoffman</b></p>				<p>Digitally signed by Randy Hoffman DN:cn=Randy Hoffman,email=rhoffman@wheatstate.com,O=wheat state telephone, inc.,l=Udall KS 67146, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy Hoffman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-782-3341</b></p>					
Study Area Code of Reporting Carrier	<b>411847</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">WILSON TELEPHONE COMPANY INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brian Boisvert</span>				<small>Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson telephone company inc.,l=Wilson KS 67490-0190, Date:5/28/2019</small>  Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Brian Boisvert</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO /General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">785-658-2111</span>					
Study Area Code of Reporting Carrier	411849		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>ZENDA TELEPHONE COMPANY INC.</b>					
Signature of Authorized Officer or employee: <b>John Ludenia</b>				<small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=zenda telephone company inc.,l= , Date:5/20/2019</small> Date: <b>5/20/2019</b>	
Printed name of Authorized Officer or employee: <b>John Ludenia</b>					
Title or position of Authorized Officer or employee: <b>Vice President</b>					
Telephone number of Authorized Officer or employee: <b>304-983-8642</b>					
Study Area Code of Reporting Carrier	<b>411852</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BPS Telephone Company</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lisa Winberry</b></p>				<p>Digitally signed by Lisa Winberry DN: cn=Lisa Winberry, email=Winberry@BPSTelephone.com, O=bps telephone company, l=Bernie MO 63822-0550, Date: 5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lisa Winberry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-293-2277</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>420463</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>IAMO TELEPHONE COMPANY - MO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tom Steinolfson</b></p>				<p><small>Digitally signed by Tom Steinolfson DN:cn=Tom Steinolfson,email=toms@iamotelephone.com,O=iamo telephone company - mo, Date:5/22/2019</small></p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tom Steinolfson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-583-3232</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421206</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CRAW-KAN TELEPHONE COOP INC - MO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Craig Wilbert</b></p>				<p>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:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Craig Wilbert</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-724-8235</b></p>					
Study Area Code of Reporting Carrier	<b>421759</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MOKAN DIAL, INC.- MO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Adam Dixon</span>				<small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=mokan dial, inc.- mo,lc=US, Date:5/28/2019</small>  Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Adam Dixon</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">870-921-5757</span>					
Study Area Code of Reporting Carrier	421807		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ALMA COMMUNICATIONS COMPANY DBA ALMA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Adolf Heins</b></p>				<p><small>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:5/23/2019</small></p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Adolf Heins</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>660-674-2297</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421860</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CHARITON VALLEY TELEPHONE CORPORATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kirby Underberg</b></p>				<p><small>Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@charitonvalley.com,O=chariton valley telephone corporation,l=Macon MO 63552, Date:5/23/2019</small></p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kirby Underberg</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>660-395-9000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421864</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TELEPHONE CO - MISSOURI</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brian Cornelius</b></p>				<p><small>Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens telephone co - missouri,l=Higginsville MO 64037-0737, Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brian Cornelius</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>660-584-6520</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421865</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>ELLINGTON TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Dee McCormack</b>				Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington telephone company,l=Ellington MO 63638, Date:5/19/2019 Date: <b>5/19/2019</b>	
Printed name of Authorized Officer or employee: <b>Dee McCormack</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>573-663-2000</b>					
Study Area Code of Reporting Carrier	<b>421874</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FARBER TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Charles Crow</b>				<small>Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=farber telephone company, Date:5/16/2019</small> Date: <b>5/16/2019</b>	
Printed name of Authorized Officer or employee: <b>Charles Crow</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>573-249-9800</b>					
Study Area Code of Reporting Carrier	<b>421876</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FIDELITY TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Carla Cooper</b>				<small>Digitally signed by Carla Cooper DN:cn=Carla Cooper,email=carla.cooper@fidelitycommunications.com,O=fidelity telephone company, Date:5/24/2019</small> Date: <b>5/24/2019</b>	
Printed name of Authorized Officer or employee: <b>Carla Cooper</b>					
Title or position of Authorized Officer or employee: <b>VP of Finance</b>					
Telephone number of Authorized Officer or employee: <b>573-468-1218</b>					
Study Area Code of Reporting Carrier	<b>421882</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">GRANBY TEL CO - MISSOURI</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cheri Johnson</span>				<small>Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - missouri,l=Granby MO 64844, Date:5/28/2019</small> Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Cheri Johnson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Corporate Secretary</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">417-472-5513</span>					
Study Area Code of Reporting Carrier	421887		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GREEN HILLS TELEPHONE CORP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Adams</b></p>				<small>Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghtc.com,O=green hills telephone corp.,l=Breckenridge MO 64625, Date:5/30/2019</small> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David Adams</b></p>					
<p>Title or position of Authorized Officer or employee: <b>EVP/GM</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>660-644-5411</b></p>					
Study Area Code of Reporting Carrier	<b>421890</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>CHOCTAW TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Adam Dixon</b>				<small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=choctaw telephone company, Date:5/28/2019</small>	
Date: <b>5/28/2019</b>					
Printed name of Authorized Officer or employee: <b>Adam Dixon</b>					
Title or position of Authorized Officer or employee: <b>Chief Operating Officer</b>					
Telephone number of Authorized Officer or employee: <b>870-921-5757</b>					
Study Area Code of Reporting Carrier	<b>421893</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



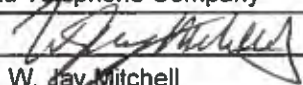
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>KLM TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Joe Jetensky</b> <small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm tel. co.,l= , Date:5/24/2019</small>				Date: <b>5/24/2019</b>	
Printed name of Authorized Officer or employee: <b>Joe Jetensky</b>					
Title or position of Authorized Officer or employee: <b>President/GM</b>					
Telephone number of Authorized Officer or employee: <b>402-426-6245</b>					
Study Area Code of Reporting Carrier	<b>421900</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>KINGDOM TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marla McCowan</b></p>				<p><small>Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone company,l=Auxvasse MO 65231, Date:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Marla McCowan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant Board Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-386-2241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421901</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <b>Le-Ru Telephone Company</b>				
Signature of authorized officer 			Date	<b>5-30-19</b>
Printed name of authorized officer <b>W. Jay Mitchell</b>				
Title or position of authorized officer <b>President</b>				
Telephone number of authorized officer: <b>(417) 776-2247</b>				
Study Area Code of Reporting Carrier		<b>421908</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 17 2019</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MCDONALD COUNTY TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ross Babbitt</b></p>				<p>Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county telephone co.,l=Pineville MO 64856-0207, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ross Babbitt</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>417-223-4313</b></p>					
Study Area Code of Reporting Carrier	<b>421912</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MILLER TELEPHONE COMPANY - MO</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Ludenia</b></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=miller telephone company - mo, Date:5/20/2019</small></p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Ludenia</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-983-8642</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421920</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NEW FLORENCE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=new florence telephone co.,l=Oregon MO 64473, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421927</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NEW LONDON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=new london tel. co.,l=Oregon MO 64473, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
Study Area Code of Reporting Carrier	<b>421928</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>HOLWAY TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Joe Jetensky</b>				<small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway telephone company, Date:5/24/2019</small> Date: <b>5/24/2019</b>	
Printed name of Authorized Officer or employee: <b>Joe Jetensky</b>					
Title or position of Authorized Officer or employee: <b>President/GM</b>					
Telephone number of Authorized Officer or employee: <b>402-426-6245</b>					
Study Area Code of Reporting Carrier	<b>421929</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST MISSOURI RURAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michele Gillespie</b></p>				<p><small>Digitally signed by Michele Gillespie DN:cn=Michele Gillespie,email=mvan@nemr.net,O=northeast missouri rural tel. co.,l= , Date:5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michele Gillespie</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>660-874-4111</b></p>					
Study Area Code of Reporting Carrier	<b>421931</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier	Lathrop Telephone Company				
Signature of authorized officer	<i>Gregg Davis</i>			Date	05/21/2019
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)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ORCHARD FARM TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=orchard farm telephone company,l=Oregon MO 64473, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421934</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>OREGON FARMERS MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Adam Dixon</b></p>				<p><small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=oregon farmers mutual tel. co.,l= , Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-921-5757</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421935</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PEACE VALLEY TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kelly Bosserman</b></p>				<p>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:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kelly Bosserman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>417-277-5550</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421936</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCK PORT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Rick Bradley</span></p>				<p><small>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:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Bradley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-744-5311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421942</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">STEELVILLE TEL. EXCH. INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Donald Santhuff</span>				<small>Digitally signed by Donald Santhuff DN:cn=Donald Santhuff,email=santhuff@misn.com,O=steelville tel. exch. inc.,l=Steelville MO 65565, Date:5/30/2019</small>  Date: <span style="color: blue;">5/30/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Donald Santhuff</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">573-775-2111</span>					
Study Area Code of Reporting Carrier	421949		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>STOUTLAND TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=stoutland telephone company,l=Oregon MO 64473, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
Study Area Code of Reporting Carrier	<b>421951</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LAVACA TELEPHONE CO.- OK</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Keith Gibson</span>				<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:5/21/2019</small> Date: <span style="color: blue;">5/21/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Keith Gibson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">479-674-2211</span>					
Study Area Code of Reporting Carrier	431704		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>KANOKLA TELEPHONE ASSOCIATION - OK</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jill Kuehny</b></p>				<p><small>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ok,lc=Caldwell KS 67022-0111, Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jill Kuehny</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-845-5682</b></p>					
Study Area Code of Reporting Carrier	<b>431788</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SOUTH CENTRAL TEL. ASSN., INC.-OK</b></p>					
<p>Signature of Authorized Officer or employee: <b>Carla Shearer</b></p>				<p><small>Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn., inc.-ok, Date: 5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Carla Shearer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-930-1082</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431831</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ATLAS TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barbara Summa</b></p>				<p>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas telephone co.,l=Big Cabin OK 74332-0077, Date:5/29/2019</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Barbara Summa</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-783-5111</b></p>					
Study Area Code of Reporting Carrier	<b>431966</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BEGGS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kay Mount</b></p>				<p><small>Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs telephone company,l=Beggs OK 74421-0749, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kay Mount</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Pres. &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-267-3636</b></p>					
Study Area Code of Reporting Carrier	<b>431968</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CANADIAN VALLEY TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Orlean Smith</b></p>				<p>Digitally signed by Orlean Smith DN:cn=Orlean Smith,email=murphy@cvok.net,O=canadian valley telephone co.,l=Crowder OK 74430, Date:5/29/2019</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Orlean Smith</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President / Gen Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-334-3700</b></p>					
Study Area Code of Reporting Carrier	<b>431974</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CARNEGIE TELEPHONE CO.INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Powers</span>				<small>Digitally signed by James Powers DN:cn=James Powers,email=jpowers@carnegietelephone.com,O=carnegie telephone co.inc., =Carnegie OK 73015, Date:5/29/2019</small> Date: <span style="color: blue;">5/29/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">James Powers</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">580-654-1002</span>					
Study Area Code of Reporting Carrier	431976		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CENTRAL OKLAHOMA TELEPHONE CO., L.L.C.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steve Guest</b></p>				<p>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:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steve Guest</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-377-2241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431977</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CHEROKEE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Samuel Sanchez</b></p>				<p><small>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee telephone co.,l= , Date:5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Samuel Sanchez</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-434-5375</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431979</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CHICKASAW TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Larry Jones</b></p>				<p><small>Digitally signed by Larry Jones DN:cn=Larry Jones,email=larry@chickasawphone.net,O=chickasaw telephone co.,l=Sulphur OK 73086-0460, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Larry Jones</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-622-5223</b></p>					
Study Area Code of Reporting Carrier	<b>431980</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>CIMARRON TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>H. Baldwin</b> <small>Digitally signed by H. Baldwin DN:cn=H. Baldwin,email=hgb@cimtel.net,O=cimarron tel. co.,l=Mannford OK 74044, Date:5/29/2019</small>				Date: <b>5/29/2019</b>	
Printed name of Authorized Officer or employee: <b>H. Baldwin</b>					
Title or position of Authorized Officer or employee: <b>Vice President &amp; General Manager</b>					
Telephone number of Authorized Officer or employee: <b>918-865-3311</b>					
Study Area Code of Reporting Carrier	<b>431982</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">GRAND TELEPHONE CO. INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Jason Anderson</span>				<small>Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand telephone co. inc.,l=Jay OK 74346-0308, Date:5/28/2019</small> Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Jason Anderson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Controller/Co-Manager/1st Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">918-253-4231</span>					
Study Area Code of Reporting Carrier	431994		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>HINTON TELEPHONE CO.</b>					
Signature of Authorized Officer or employee: <b>Kenneth Doughty</b>				<small>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton telephone co.,l=Hinton OK 73047, Date:5/20/2019</small> Date: <b>5/20/2019</b>	
Printed name of Authorized Officer or employee: <b>Kenneth Doughty</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>405-542-3262</b>					
Study Area Code of Reporting Carrier	<b>431995</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MEDICINE PARK TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dean Pennello</b></p>				<p><small>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:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dean Pennello</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-529-2700</b></p>					
Study Area Code of Reporting Carrier	<b>432008</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">OKLATEL COMMUNICATIONS, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Toney Prather</span>				<small>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=oklatel communications, inc.,l=De Leon TX 76444, Date:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Toney Prather</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">254-893-1000</span>					
Study Area Code of Reporting Carrier	432013		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>OKLAHOMA WESTERN TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dean Pennello</b></p>				<p><small>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=oklahoma western telephone co.,l= , Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dean Pennello</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-529-5000</b></p>					
Study Area Code of Reporting Carrier	<b>432014</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>POTTAWATOMIE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Danny Overland</b></p>				<p>Digitally signed by Danny Overland DN:cn=Danny Overland,email=dan@goptc.net,O=pottawatomie telephone co.,l=Earlsboro OK 74840-0066, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Danny Overland</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>405-997-5201</b></p>					
Study Area Code of Reporting Carrier	<b>432020</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SALINA-SPAVINAW TEL. CO.,INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Boone</span>				<small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel. co.,inc.,l= , Date:5/22/2019</small>  Date: <span style="color: blue;">5/22/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Boone</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">918-434-8166</span>					
Study Area Code of Reporting Carrier	432022		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SHIDLER TEL. CO. DBA KANOKLA NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jill Kuehny</b></p>				<p>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:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jill Kuehny</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-845-5682</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432023</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SOUTHWEST OKLAHOMA TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">George Wycoff</span>				<small>Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@swoi.net,O=southwest oklahoma tel. co.,l=Duke OK 73532, Date:5/20/2019</small>  Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">George Wycoff</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Exec. Vice President/General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">580-679-3345</span>					
Study Area Code of Reporting Carrier	432025		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">TERRAL TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chad Segress</span>				<small>Digitally signed by Chad Segress DN:cn=Chad Segress,email=chad@wavelinx.com,O=terral tel. co.,l= , Date:5/28/2019</small>  Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Chad Segress</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">405-609-7164</span>					
Study Area Code of Reporting Carrier	432029		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">VALLIANT TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tommy Dorries</span>				<small>Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant telephone company,l=Valliant OK 74764, Date:5/30/2019</small> Date: <span style="color: blue;">5/30/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tommy Dorries</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">580-933-4400</span>					
Study Area Code of Reporting Carrier	432032		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <i>Wyandotte Telephone</i>			
Signature of authorized officer <i>[Signature]</i>			Date <i>5/30/19</i>
Printed name of authorized officer <i>W. Jay Mitchell</i>			
Title or position of authorized officer <i>Pres</i>			
Telephone number of authorized officer: <i>417776-2247</i> ext.			
Study Area Code of Reporting Carrier	<i>2034</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>June 17 2019</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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SANTA ROSA TELEPHONE COOP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jason Tole</b></p>				<p>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:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jason Tole</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant GM / CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>940-886-2014</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432141</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CAMERON TELEPHONE COMPANY - TEXAS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Petry</b></p>				<p>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:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Petry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>337-583-2092</b></p>					
Study Area Code of Reporting Carrier	<b>440425</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier Blossom Telephone Co.

Signature of authorized officer

Clint Dorries

Date

5/21/2019

Printed name of authorized officer

Title or position of President

Telephone number of authorized officer: (903) 982-5200, ext.

442038

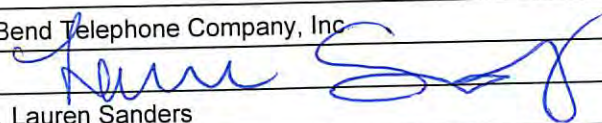
Filing Due Date for this form  
(mm/dd/yyyy)

June 17 2019

Study Area Code of Reporting Carrier

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier	Big Bend Telephone Company, Inc.		Date
Signature of authorized officer			5/31/2019
Printed name of authorized officer	Lauren Sanders		
Title or position of authorized officer	CFO		
Telephone number of authorized officer:	(432) 364-0054	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Study Area Code of Reporting Carrier	442039		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BRAZORIA TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gil Rasco</span>				<small>Digitally signed by Gil Rasco DN:cn=Gil Rasco,email=gil@btel.com,O=brazoria tel. co.,l=Brazoria TX 77422, Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Gil Rasco</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President, Operations</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">979-798-2121</span>					
Study Area Code of Reporting Carrier	442040		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTH TEXAS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Toney Prather</b></p>				<p>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:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Toney Prather</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>254-893-1000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442043</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CAP ROCK TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jim Whitefield</b></p>				<p><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:5/20/2019</small></p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jim Whitefield</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>806-271-3336</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442046</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CENTRAL TEXAS TELEPHONE CO-OP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jamey Wigley</b></p>				<p>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:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jamey Wigley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>325-648-2237</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442052</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>COLEMAN COUNTY TELEPHONE CO-OP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Humpert</b></p>				<p>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:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Humpert</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>325-348-3124</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442057</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLORADO VALLEY TELEPHONE CO-OP. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kelly Allison</span></p>				<p><small>Digitally signed by Kelly Allison DN:cn=Kelly Allison,email=kellya@coloradovallay.com,O=colorado valley telephone co-op. inc.,l=La Grange TX 78945, Date:5/17/2019</small></p>	
<p>Date: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kelly Allison</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">979-247-8315</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442059</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>TOTELCOM COMMUNICATIONS, LLC</b>					
Signature of Authorized Officer or employee: <b>Toney Prather</b>				<small>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=totelcom communications, llc,l=De Leon TX 76444, Date:5/16/2019</small> Date: <b>5/16/2019</b>	
Printed name of Authorized Officer or employee: <b>Toney Prather</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>254-893-1000</b>					
Study Area Code of Reporting Carrier	<b>442060</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>COMMUNITY TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Clifford Humpert</b></p>				<p><small>Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community telephone company, inc.,l=Windthorst TX 76389, Date:5/31/2019</small></p> <p>Date: <b>5/31/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Clifford Humpert</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>940-423-6201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442061</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CUMBY TELEPHONE COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Karen Zimmerman</b></p>				<p><small>Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby telephone cooperative inc.,l=Cumby TX 75433, Date:5/29/2019</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Karen Zimmerman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>903-994-2211</b></p>					
Study Area Code of Reporting Carrier	<b>442065</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DELL TELEPHONE CO-OP. INC. - TX</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marcy Guillen</b></p>				<p>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delltelco.com,O=dell telephone co-op. inc. - tx,l=Dell City TX 79837, Date:5/18/2019</p>	
<p>Date: <b>5/18/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Marcy Guillen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>915-964-2352</b></p>					
Study Area Code of Reporting Carrier	<b>442066</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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>					

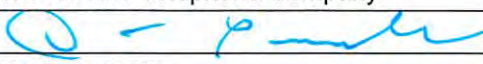
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>ELECTRA TELEPHONE COMPANY, INC.</b>					
Signature of Authorized Officer or employee: <b>Dean Pennello</b>				Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=electra telephone company, inc.,l=Medicine Park OK 73557, Date:5/17/2019	
Date: <b>5/17/2019</b>					
Printed name of Authorized Officer or employee: <b>Dean Pennello</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>580-529-5000</b>					
Study Area Code of Reporting Carrier	<b>442069</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FIVE AREA TELEPHONE CO-OP. INC.</b>					
Signature of Authorized Officer or employee: <b>Mark Washington</b>				<small>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:5/22/2019</small> Date: <b>5/22/2019</b>	
Printed name of Authorized Officer or employee: <b>Mark Washington</b>					
Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b>					
Telephone number of Authorized Officer or employee: <b>806-272-5533</b>					
Study Area Code of Reporting Carrier	<b>442071</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>BOrder to Border Telephone Company</b>			
Signature of authorized officer 		Date <b>May 31st, 2019</b>	
Printed name of authorized officer <b>Dean Pennello</b>			
Title or position of authorized officer <b>Chief Financial Officer</b>			
Telephone number of authorized officer: <b>(580) 529-5000</b> , ext.			
Study Area Code of Reporting Carrier <b>442073</b>		Filing Due Date for this form (mm/dd/yyyy) <b>June 17 2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GANADO TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bill Rakowitz</b></p>				<p>Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado telephone company inc.,l=Ganado TX 77962-0329, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bill Rakowitz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>361-771-3331</b></p>					
Study Area Code of Reporting Carrier	<b>442076</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HILL COUNTRY TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>R. Cook</b></p>				<p><small>Digitally signed by R. Cook DN:cn=R. Cook,email=ccook@hctc.coop,O=hill country telephone cooperative, inc.,l=Ingram TX 78025, Date:5/29/2019</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>R. Cook</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>830-367-5333</b></p>					
Study Area Code of Reporting Carrier	<b>442086</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALENCO COMMUNICATIONS, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ray Bussell</span>				<small>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communications, inc.,l=Joshua TX 76058, Date:5/21/2019</small> Date: <span style="color: blue;">5/21/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Ray Bussell</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">817-447-0127</span>					
Study Area Code of Reporting Carrier	442090		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ETS TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Sam Luxton</b></p>				<p>Digitally signed by Sam Luxton DN:cn=Sam Luxton,email=sluxton@entouchsystems.net,O=ets telephone company, inc.,l= , Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Sam Luxton</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>281-225-0501</b></p>					
Study Area Code of Reporting Carrier	<b>442091</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LA WARD TELEPHONE EXCHANGE INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terri Parker</span>				<small>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:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Terri Parker</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">361-872-2211</span>					
Study Area Code of Reporting Carrier	442103		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>LIPAN TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Beth Howard</b></p>				<p>Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan telephone company,l=Lipan TX 76462, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Beth Howard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Sec / Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>254-646-2211</b></p>					
Study Area Code of Reporting Carrier	<b>442105</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MUNSTER TEL. CORP. OF TX DBA NORTEX COMM.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Alan Rohmer</span>				<small>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:5/16/2019</small>	
Date: <span style="color: blue;">5/16/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Alan Rohmer</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">940-759-2251</span>					
Study Area Code of Reporting Carrier	442116		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TELEPHONE COOPERATIVE - TX</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lloyd Steele</b></p>				<p>Digitally signed by Lloyd Steele DN:cn=Lloyd Steele,email=steven.steele@gopeoples.net,O=peoples telephone cooperative - tx, =Quitman TX 75783-0228, Date:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lloyd Steele</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>903-878-3132</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442130</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>POKA-LAMBRO TELEPHONE COOPERATIVE, INC.</b>					
Signature of Authorized Officer or employee: <b>David McEndree</b>				<small>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:5/22/2019</small>	
Date: <b>5/22/2019</b>					
Printed name of Authorized Officer or employee: <b>David McEndree</b>					
Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b>					
Telephone number of Authorized Officer or employee: <b>806-924-7234</b>					
Study Area Code of Reporting Carrier	<b>442131</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier <b>Riviera Telephone Company, Inc.</b>				
Signature of authorized officer			Date	05/31/2019
Printed name of authorized officer <b>Leslie Colston</b>				
Title or position of authorized officer <b>President</b>				
Telephone number of authorized officer: <b>(361) 296-3232</b>				
Study Area Code of Reporting Carrier	<b>442134</b>		Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SANTA ROSA TEL. COOP., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jason Tole</span>				<small>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:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Jason Tole</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant GM / CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">940-886-2014</span>					
Study Area Code of Reporting Carrier	442141		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

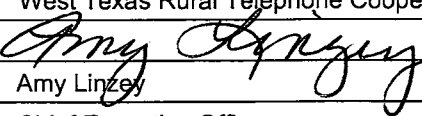
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SOUTH PLAINS TEL. COOP., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scotty Hart</span>				<small>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:5/29/2019</small> Date: <span style="color: blue;">5/29/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Scotty Hart</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO / General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">806-763-2301</span>					
Study Area Code of Reporting Carrier	442143		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">TATUM TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dean Pennello</span>				<small>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=tatum tel. co.,l=Medicine Park OK 73557, Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dean Pennello</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">580-529-5000</span>					
Study Area Code of Reporting Carrier	442150		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier	West Texas Rural Telephone Cooperative, Inc.		
Signature of authorized officer		Date	05/23/2019
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)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

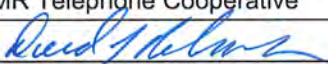
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WES-TEX TELEPHONE CO-OP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Darren Patrick</b></p>				<p><small>Digitally signed by Darren Patrick DN:cn=Darren Patrick,email=dpatrick@westex.coop,O=wes-tex telephone co-op.,l=Stanton TX 79782, Date:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Darren Patrick</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive VP/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>432-756-3393</b></p>					
Study Area Code of Reporting Carrier	<b>442168</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">XIT RURAL TELEPHONE CO-OP. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Darrell Dennis</span></p>				<p><small>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:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Darrell Dennis</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">806-384-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442170</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier ENMR Telephone Cooperative			
Signature of authorized officer 		Date	5/22/2019
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)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <u>Hopi Telecommunications, Inc.</u>				
Signature of authorized officer <u>[Signature]</u>			Date	<u>5-20-19</u>
Printed name of authorized officer <u>Carroll Onsoe</u>				
Title or position of authorized officer <u>General Manager / President</u>				
Telephone number of authorized officer: <u>9285228428</u> , ext.				
Study Area Code of Reporting Carrier	<u>450815</u>	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SAN CARLOS APACHE TELECOMM. UTILITY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shirley Ortiz</b></p>				<p>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:5/24/2019</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shirley Ortiz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>928-475-7058</b></p>					
Study Area Code of Reporting Carrier	<b>452169</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier				Tohono O'odham Utility Authority	
Signature of authorized officer			Date		5/23/2019
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)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">VALLEY TELEPHONE COOPERATIVE INC-AZ</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steven Metts</span>				<small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley telephone cooperative inc-az,l=Willcox AZ 85644, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Steven Metts</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO / General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">520-384-2231</span>					
Study Area Code of Reporting Carrier	452176		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GILA RIVER TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Meyers</b></p>				<p><small>Digitally signed by James Meyers DN:cn=James Meyers,email=jmeyers@gilarivertel.com,O=gila river telecommunications, inc., Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>James Meyers</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>520-796-8885</b></p>					
Study Area Code of Reporting Carrier	<b>452179</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FORT MOJAVE TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chester Caulder</b></p>				<p><small>Digitally signed by Chester Caulder DN:cn=Chester Caulder,email=ccaelder@ftmojave.net,O=fort mojave telecommunications, inc., Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Chester Caulder</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>928-346-2580</b></p>					
Study Area Code of Reporting Carrier	<b>452200</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MIDVALE TELEPHONE EXCHANGE, INC.-ARIZONA</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Stuart</b></p>				<p><small>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:5/28/2019</small></p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Stuart</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-355-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452226</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>TABLE TOP TELEPHONE COMPANY, INC.</b>					
Signature of Authorized Officer or employee: <b>Matthew Boos</b>				<small>Digitally signed by Matthew Boos DN:cn=Matthew Boos,email=mjboos@ponderosatel.com,O=table top telephone company, inc.,l=O'Neals CA 93645-0021, Date:5/22/2019</small>	
Date: <b>5/22/2019</b>					
Printed name of Authorized Officer or employee: <b>Matthew Boos</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>559-868-6322</b>					
Study Area Code of Reporting Carrier	<b>453334</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>SADDLEBACK COMMUNICATIONS COMPANY</b>					
Signature of Authorized Officer or employee: <b>Bill Bryant</b>				<small>Digitally signed by Bill Bryant DN:cn=Bill Bryant,email=bbryant@saddlebackcomm.com,O=saddleback communications company, Date:5/30/2019</small>	
Date: <b>5/30/2019</b>					
Printed name of Authorized Officer or employee: <b>Bill Bryant</b>					
Title or position of Authorized Officer or employee: <b>President and General Manager</b>					
Telephone number of Authorized Officer or employee: <b>480-362-7001</b>					
Study Area Code of Reporting Carrier	<b>457991</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>AGATE MUTUAL TELEPHONE COOPERATIVE ASSOC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Judy Hollembeak</b></p>				<p>Digitally signed by Judy Hollembeak DN:cn=Judy Hollembeak,email=amtca@amtca.net,O=agate mutual telephone cooperative assoc.,l=Agate CO 80101, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Judy Hollembeak</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-764-2578</b></p>					
Study Area Code of Reporting Carrier	<b>462178</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BIJOU TEL COOPERATIVE ASSOC. INC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brian Creveling</span>				<small>Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel cooperative assoc. inc, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Brian Creveling</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">303-822-5400</span>					
Study Area Code of Reporting Carrier	462181		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>BLANCA TELEPHONE COMPANY DBA BLANCA NETWORKS</b>					
Signature of Authorized Officer or employee: <b>Alan Wehe</b>				<small>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:5/17/2019</small>	
Date: <b>5/17/2019</b>					
Printed name of Authorized Officer or employee: <b>Alan Wehe</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>719-379-3839</b>					
Study Area Code of Reporting Carrier	<b>462182</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>EASTERN SLOPE RURAL TEL ASSN INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patricia White</b></p>				<p>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:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Patricia White</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-743-2441</b></p>					
Study Area Code of Reporting Carrier	<b>462186</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FARMERS TEL CO, INC. - COLORADO</b>					
Signature of Authorized Officer or employee: <b>Terry Hinds</b>				<small>Digitally signed by Terry Hinds DN:cn=Terry Hinds,email=terry@ftitel.net,O=farmers tel co, inc. - colorado,l=Pleasant View CO 81331-0369, Date:5/24/2019</small> Date: <b>5/24/2019</b>	
Printed name of Authorized Officer or employee: <b>Terry Hinds</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>970-560-7587</b>					
Study Area Code of Reporting Carrier	<b>462188</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HAXTUN TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Adam Dixon</b></p>				<p>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=haxtun telephone company, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-921-5757</b></p>					
Study Area Code of Reporting Carrier	<b>462190</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NUCLA-NATURITA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kelly Tomlinson</b></p>				<p><small>Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nuc-la-naturita tel. co.,l=Nuc-la CO 81424, Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kelly Tomlinson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-864-7335</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462193</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NUNN TEL. COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Greg Grablander</b></p>				<p>Digitally signed by Greg Grablander DN:cn=Greg Grablander,email=greg@ezlink.com,O=nunn tel. company,l=Nunn CO 80648, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Greg Grablander</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-897-2200</b></p>					
Study Area Code of Reporting Carrier	<b>462194</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SOUTH PARK TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Shipley</b></p>				<p><small>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: 5/21/2019</small></p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Shipley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-676-4151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462195</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PEETZ COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Kottwitz</b></p>				<p>Digitally signed by Randy Kottwitz DN:cn=Randy Kottwitz,email=randy@peetzplace.com,O=peetz coop. tel. co.,l=Peetz CO 80747, Date:5/20/2019</p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Randy Kottwitz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-334-2220</b></p>					
Study Area Code of Reporting Carrier	<b>462196</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">PHILLIPS COUNTY TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Vincent Kropp</span>				<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:5/21/2019</small>  Date: <span style="color: blue;">5/21/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Vincent Kropp</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">970-854-2201</span>					
Study Area Code of Reporting Carrier	462197		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PINE DRIVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Matthew Sellers</b></p>				<p><small>Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel. co.,l=Beulah CO 81023, Date:5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Matthew Sellers</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-485-3400</b></p>					
Study Area Code of Reporting Carrier	<b>462198</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PLAINS COOPERATIVE TEL. ASSOC. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ronny Puckett</b></p>				<p>Digitally signed by Ronny Puckett DN:cn=Ronny Puckett,email=ronnypuckett@plainstel.com,O=plains cooperative tel. assoc. inc.,l=Joes CO 80822, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ronny Puckett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-358-4211</b></p>					
Study Area Code of Reporting Carrier	<b>462199</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RICO TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jeremy Smith</span></p>				<p><small>Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=rico tel. co.,l=Rockland ID 83271, Date:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jeremy Smith</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-548-2345</span></p>					
Study Area Code of Reporting Carrier	462201		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ROGGEN TELEPHONE COOPERATIVE CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Peggy Manino</span>				<small>Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen telephone cooperative co.,l=Roggen CO 80652-0100, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Peggy Manino</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">303-849-5260</span>					
Study Area Code of Reporting Carrier	462202		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">THE RYE TELEPHONE COMPANY INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Shipley</span>				<small>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@ghvalley.net, O=the rye telephone company inc., I=Colorado City CO 81019-0166, Date: 5/21/2019</small>	
Date: <span style="color: blue;">5/21/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">David Shipley</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">719-676-3131</span>					
Study Area Code of Reporting Carrier	462203		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>STONEHAM COOPERATIVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Taya Northrup</b></p>				<p>Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham cooperative tel. co.,l=Stoneham CO 80754, Date:5/24/2019</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Taya Northrup</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-735-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462206</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WIGGINS TEL. ASSOC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terry Hendrickson</b></p>				<p>Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wigginstel.com,O=wiggins tel. assoc.,l=Wiggins CO 80654-0690, Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Terry Hendrickson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-483-7343</b></p>					
Study Area Code of Reporting Carrier	<b>462209</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">WILLARD TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aimee Dollerschell</span>				<small>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtel.com,O=willard tel. co.,l= , Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Aimee Dollerschell</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">970-228-4571</span>					
Study Area Code of Reporting Carrier	462210		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALBION TEL. CO. D/B/A ATC COMMUNICATIONS</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Rich Redman</span>				<small>Digitally signed by Rich Redman DN:cn=Rich Redman,email=rredman@atccomm.com,O=albion tel. co. d/b/a atc communications, =Albion ID 83311, Date:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Rich Redman</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">208-673-5335</span>					
Study Area Code of Reporting Carrier	472213		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>CUSTER TEL. COOPERATIVE INC.</b>					
Signature of Authorized Officer or employee: <b>Dennis Thornock</b>				<small>Digitally signed by Dennis Thornock DN:cn=Dennis Thornock,email=dennis@custertel.net,O=custer tel. cooperative inc.,l=Challis ID 83226, Date:5/28/2019</small> Date: <b>5/28/2019</b>	
Printed name of Authorized Officer or employee: <b>Dennis Thornock</b>					
Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b>					
Telephone number of Authorized Officer or employee: <b>208-879-2281</b>					
Study Area Code of Reporting Carrier	<b>472218</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FILER MUTUAL TEL. COMPANY-ID dba TRULEAP TECH</b>					
Signature of Authorized Officer or employee: <b>Bob Kraut</b>				<small>Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech,I=Filr ID 83328-0089, Date:5/18/2019</small>	
Date: <b>5/18/2019</b>					
Printed name of Authorized Officer or employee: <b>Bob Kraut</b>					
Title or position of Authorized Officer or employee: <b>General Manager/COO</b>					
Telephone number of Authorized Officer or employee: <b>208-326-4330</b>					
Study Area Code of Reporting Carrier	<b>472220</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FARMERS MUTUAL TEL CO LTD. - ID</b>					
Signature of Authorized Officer or employee: <b>Daniel Greig</b>				<small>Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel co ltd. - id,=Fruitland ID 83619, Date:5/17/2019</small> Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Daniel Greig</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>208-452-3100</b>					
Study Area Code of Reporting Carrier	<b>472221</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MIDVALE TEL. EXCH. INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Stuart</span>				<small>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale tel. exch. inc.,l=Midvale ID 83645, Date:5/28/2019</small> Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">John Stuart</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">208-355-2211</span>					
Study Area Code of Reporting Carrier	472226		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MUD LAKE TELEPHONE COOPERATIVE ASSN. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Justin Petersen</b></p>				<p><small>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:5/29/2019</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Justin Petersen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-374-5401</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472227</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PROJECT MUTUAL TEL. COOP. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rick Harder</b></p>				<p>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel. coop. assn.,l= , Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rick Harder</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-434-7124</b></p>					
Study Area Code of Reporting Carrier	<b>472231</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>DIRECT COMMUNICATIONS ROCKLAND, INC.</b>					
Signature of Authorized Officer or employee: <b>Timothy May</b>				<small>Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=direct communications rockland, inc.,l=Rockland ID 83271, Date:5/17/2019</small> Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Timothy May</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>208-548-2345</b>					
Study Area Code of Reporting Carrier	<b>472232</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Rural Telephone Company - ID	
Signature of authorized officer			Date		05/24/19
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)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>COLUMBINE TEL. CO. DBA SILVER STAR COMM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jefferson England</b></p>				<p>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:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jefferson England</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>307-883-6675</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472295</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>INLAND TELEPHONE COMPANY - ID</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Brooks</b></p>				<small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,l=Roslyn WA 98941, Date:5/21/2019</small> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>James Brooks</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer/Controller/Reg. Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>509-649-2211</b></p>					
Study Area Code of Reporting Carrier	<b>472423</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HOT SPRINGS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kathe Johnson</b></p>				<p><small>Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe_ann@yahoo.com,O=hot springs tel. co.,l=Missoula MT 59808, Date:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kathe Johnson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-721-0846</b></p>					
Study Area Code of Reporting Carrier	<b>482241</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>INTERBEL TEL. COOPERATIVE INC.</b>					
Signature of Authorized Officer or employee: <b>Jason Moothart</b>				Digitally signed by Jason Moothart DN:cn=Jason Moothart,email=jmoothart@interbel.com,O=interbel tel. cooperative inc.,l=Eureka MT 59917, Date:5/16/2019 Date: <b>5/16/2019</b>	
Printed name of Authorized Officer or employee: <b>Jason Moothart</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>406-889-3311</b>					
Study Area Code of Reporting Carrier	<b>482242</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LINCOLN TEL. CO. INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aaron Daniel</span>				<small>Digitally signed by Aaron Daniel DN:cn=Aaron Daniel,email=aarond@lincotel.net,O=lincoln tel. co. inc.,l= , Date:5/30/2019</small> Date: <span style="color: blue;">5/30/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron Daniel</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">406-362-4216</span>					
Study Area Code of Reporting Carrier	482244		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHERN TEL. COOP INC.- MT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aimee Dietrich</span></p>				<p><small>Digitally signed by Aimee Dietrich DN:cn=Aimee Dietrich,email=adietrich@northern tel. coop inc.- mt,l=Sunburst MT 59482, Date:5/27/2019</small></p> <p>Date: <span style="color: blue;">5/27/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aimee Dietrich</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-937-2114</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482248</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANGE TEL. COOP INC.-MT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gail Rainey</span></p>				<p><small>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:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gail Rainey</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-347-2859</span></p>					
Study Area Code of Reporting Carrier	482251		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SOUTHERN MONTANA TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Doran Fluckiger</span>				<small>Digitally signed by Doran Fluckiger DN:cn=Doran Fluckiger,email=doran@smtel.com,O=southern montana tel. co.,l=Wisdom MT 59761, Date:5/20/2019</small>  Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Doran Fluckiger</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">406-689-3333</span>					
Study Area Code of Reporting Carrier	482254		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>3-RIVERS TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Massey</b></p>				<small>Digitally signed by David Massey DN:cn=David Massey,email=david.massey@3rivers.coop,O=3-rivers tel. cooperative inc.,l=Fairfield MT 59436, Date:5/20/2019</small> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David Massey</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/Director of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-467-4402</b></p>					
Study Area Code of Reporting Carrier	<b>482255</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TRIANGLE TEL. COOPERATIVE ASSN. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Craig Gates</b></p>				<p>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel. cooperative assn. inc.,l=Havre MT 59501, Date:5/29/2019</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Craig Gates</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-394-7807</b></p>					
Study Area Code of Reporting Carrier	<b>482257</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TRIANGLE TELEPHONE COOPERATIVE ASSN.,INC.-CMC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Craig Gates</b></p>				<p><small>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:5/30/2019</small></p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Craig Gates</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-394-7807</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>483310</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MESCALERO APACHE TELECOM, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Godfrey Enjady</span>				<small>Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache telecom, inc.,l=Mescalero NM 88340, Date:5/29/2019</small>	
Date: <span style="color: blue;">5/29/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Godfrey Enjady</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">505-795-5555</span>					
Study Area Code of Reporting Carrier	491231		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DELL TELEPHONE CO-OP. INC.-NM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marcy Guillen</b></p>				<p><small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delitelco.com,O=deli telephone co-op. inc.-nm,l=Dell City TX 79837, Date:5/18/2019</small></p> <p>Date: <b>5/18/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Marcy Guillen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>915-964-2352</b></p>					
Study Area Code of Reporting Carrier	<b>492066</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>VALLEY TELEPHONE COOPERATIVE INC-NM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Metts</b></p>				<p>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley telephone cooperative inc-nm, =Willcox AZ 85644, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steven Metts</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO / General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>520-384-2231</b></p>					
Study Area Code of Reporting Carrier	<b>492176</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BACA VALLEY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Briesh</b></p>				<p>Digitally signed by Paul Briesh DN:cn=Paul Briesh,email=paulbvt@bacavalley.com,O=baca valley tel. co.,l=Des Moines NM 88418, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Briesh</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>575-278-2101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492259</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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>					

492262

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier ENMR Telephone Cooperative			
Signature of authorized officer 		Date	5/22/2019
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, ex.			
Study Area Code of Reporting Carrier	492262	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">LA JICARITA RURAL TEL. COOP. INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Gray</span>				<small>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:5/17/2019</small>  Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Gray</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">575-387-2216</span>					
Study Area Code of Reporting Carrier	492263		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>LEACO RURAL TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dale Snider</b></p>				<p><small>Digitally signed by Dale Snider DN:cn=Dale Snider,email=dsnider@leaco.org,O=leaco rural tel. cooperative inc.,l= , Date:5/29/2019</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dale Snider</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>575-433-4301</b></p>					
Study Area Code of Reporting Carrier	<b>492264</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">Tularosa Basin Telephone Company, Inc.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Joshua Beug</span></p>				<p><small>Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbt.net,O=tularosa basin telephone company, inc., Date:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joshua Beug</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-585-0125</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="font-weight: bold;">492265</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="font-weight: bold;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WESTERN NEW MEXICO TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Francis</b></p>				<p>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:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Francis</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Exec. Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>575-535-2230</b></p>					
Study Area Code of Reporting Carrier	<b>492268</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PENASCO VALLEY TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kurt Garrard</b></p>				<p>Digitally signed by Kurt Garrard DN:cn=Kurt Garrard,email=kgarrard@pvt.com,O=penasco valley tel. cooperative inc.,l= , Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kurt Garrard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>575-748-1241</b></p>					
Study Area Code of Reporting Carrier	<b>492270</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROOSEVELT COUNTY RURAL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cecile Archibeque</span></p>				<p><small>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: 5/16/2019</small></p>	
<p>Date: <span style="color: blue;">5/16/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Cecile Archibeque</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/EO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-226-2255</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492272</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SACRED WIND COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terry Clark</b></p>				<p><small>Digitally signed by Terry Clark DN:cn=Terry Clark,email=tclark@sacred-wind.com,O=sacred wind communications, inc.,l= , Date:5/20/2019</small></p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Terry Clark</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>505-908-2661</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>493403</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>DIRECT COMMUNICATIONS CEDAR VALLEY, LLC</b>					
Signature of Authorized Officer or employee: <b>Kip Wilson</b>				<small>Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=direct communications cedar valley, llc,=Rockland ID 83271, Date:5/16/2019</small>	
Date: <b>5/16/2019</b>					
Printed name of Authorized Officer or employee: <b>Kip Wilson</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>208-548-2345</b>					
Study Area Code of Reporting Carrier	<b>500758</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>CENTRAL UTAH TEL. INC.</b>					
Signature of Authorized Officer or employee: <b>Mike Plows</b>				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel. inc.,l= , Date:5/31/2019</small> Date: <b>5/31/2019</b>	
Printed name of Authorized Officer or employee: <b>Mike Plows</b>					
Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer or employee: <b>425-275-1013</b>					
Study Area Code of Reporting Carrier	<b>502277</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GUNNISON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Natalie Gleave</b></p>				<p>Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Natalie Gleave</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller/Director</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>435-528-7236</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502279</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MANTI TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dallas Cox</b></p>				<small>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti telephone company, Date:5/23/2019</small> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dallas Cox</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>435-835-3391</b></p>					
Study Area Code of Reporting Carrier	<b>502282</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>SKYLINE TELECOM</b>					
Signature of Authorized Officer or employee: <b>Mike Plows</b> <small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc=, Date:5/31/2019</small>				Date: <b>5/31/2019</b>	
Printed name of Authorized Officer or employee: <b>Mike Plows</b>					
Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer or employee: <b>425-275-1013</b>					
Study Area Code of Reporting Carrier	<b>502283</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">BEEHIVE TELEPHONE CO., INC., UT</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Larry Mason</span>				<small>Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone co., inc., ut,l=Lake Point UT 84074, Date:5/22/2019</small>	
Date: <span style="color: blue;">5/22/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Larry Mason</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Senior Vice President Regulatory Affairs</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">435-837-6000</span>					
Study Area Code of Reporting Carrier	502284		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

502286

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <b>South Central Utah Telephone Association, Inc.</b>				
Signature of authorized officer <i>Michael East</i>		Date <b>5/29/19</b>		
Printed name of authorized officer <b>Michael East</b>				
Title or position of authorized officer <b>President/CEO</b>				
Telephone number of authorized officer: <b>(435) 826-4211</b>				
Study Area Code of Reporting Carrier <b>502286</b>		Filing Due Date for this form (mm/dd/yyyy) <b>June 17 2019</b>		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALL WEST COMMUNICATIONS-UT</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jenny Prescott</span>				<small>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west communications-ut,l=Kamas UT 84036, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Jenny Prescott</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">VP Customer Service &amp; Finance</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">435-783-4913</span>					
Study Area Code of Reporting Carrier	502288		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BEAR LAKE COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike Plows</b></p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake communications,lc= , Date:5/31/2019</p>	
<p>Date: <b>5/31/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>425-275-1013</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>503032</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>RANGE TEL. COOPERATIVE INC.-WY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gail Rainey</b></p>				<p><small>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:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Gail Rainey</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-347-2859</b></p>					
Study Area Code of Reporting Carrier	<b>512251</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

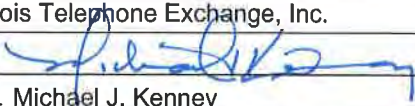
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>CHUGWATER TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Carolyn Somers</b>				<small>Digitally signed by Carolyn Somers DN:cn=Carolyn Somers,email=csomers@mwtcorp.net,O=chugwater telephone company, Date:5/30/2019</small> Date: <b>5/30/2019</b>	
Printed name of Authorized Officer or employee: <b>Carolyn Somers</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>307-233-8363</b>					
Study Area Code of Reporting Carrier	<b>512289</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ALL WEST COMMUNICATIONS-WY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jenny Prescott</b></p>				<p>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west communications-wy,l=Kamas UT 84036, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jenny Prescott</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP Customer Service &amp; Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>435-783-4913</b></p>					
Study Area Code of Reporting Carrier	<b>512290</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Dubois Telephone Exchange, Inc.</b>			
Signature of authorized officer 		Date <b>05/16/25019</b>	
Printed name of authorized officer <b>Michael J. Kenney</b>			
Title or position of authorized officer <b>Vice President/General Manager</b>			
Telephone number of authorized officer: <b>(307) 455-2341</b> , ext.			
Study Area Code of Reporting Carrier	<b>512291</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 17 2019</b>
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SILVER STAR TEL. CO.- WY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Jefferson England</span></p>				<p>Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel. co.- wy,l=Freedom WY 83120, Date:5/30/2019</p>	
<p>Date: <span style="color: blue;">5/30/2019</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jefferson England</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">307-883-6675</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512295</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">WESTGATE COMMUNICATIONS LLC dba WEAUTEL</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Weaver</span>				<small>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=richard@weavnet.com,O=westgate communications llc dba weavtel,l=Chelan WA 98816, Date:5/29/2019</small>	
Date: <span style="color: blue;">5/29/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Weaver</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">509-682-5556</span>					
Study Area Code of Reporting Carrier	520580		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SKYLINE TELECOM COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otconnections.net,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
Study Area Code of Reporting Carrier	<b>520581</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HAT ISLAND TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gary Ricketts</b></p>				<p><small>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=hat island telephone company, Date:5/23/2019</small></p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Gary Ricketts</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-321-0051</b></p>					
Study Area Code of Reporting Carrier	<b>522417</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier				Pend Oreille Telephone Company	
Signature of authorized officer			Date		05/24/19
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)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HOOD CANAL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Buechel</b></p>				<p><small>Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal telephone company,l=Union WA 98592, Date:5/21/2019</small></p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard Buechel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-898-2481</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522419</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>INLAND TELEPHONE COMPANY - WA</b>					
Signature of Authorized Officer or employee: <b>James Brooks</b>				<small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - wa, =Roslyn WA 98941, Date:5/21/2019</small> Date: <b>5/21/2019</b>	
Printed name of Authorized Officer or employee: <b>James Brooks</b>					
Title or position of Authorized Officer or employee: <b>Treasurer/Controller/Reg. Manager</b>					
Telephone number of Authorized Officer or employee: <b>509-649-2211</b>					
Study Area Code of Reporting Carrier	<b>522423</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>KALAMA TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Rick Vitzthum</b>				<small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/16/2019</small> Date: <b>5/16/2019</b>	
Printed name of Authorized Officer or employee: <b>Rick Vitzthum</b>					
Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer or employee: <b>360-264-3155</b>					
Study Area Code of Reporting Carrier	<b>522426</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MASHELL TELECOM INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brian Haynes</span>				<small>Digitally signed by Brian Haynes DN:cn=Brian Haynes,email=brian.haynes@rainierconnect.net,O=mashell telecom inc.,l=Eatonville WA 98328, Date:5/31/2019</small> Date: <span style="color: blue;">5/31/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Brian Haynes</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">360-892-4130</span>					
Study Area Code of Reporting Carrier	522431		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PIONEER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dallas Filan</b></p>				<small>Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer telephone company,l=Lacrosse WA 99143, Date:5/23/2019</small> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dallas Filan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>509-549-3511</b></p>					
Study Area Code of Reporting Carrier	<b>522437</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ST. JOHN TELEPHONE, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Eric Trump</span>				<small>Digitally signed by Eric Trump DN:cn=Eric Trump,email=eric@stjohncable.com,O=st. john telephone, inc.,l=St. John WA 99171, Date:5/28/2019</small>  Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Eric Trump</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">509-648-3322</span>					
Study Area Code of Reporting Carrier	522442		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

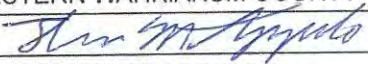
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">TENINO TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Rick Vitzthum</span>				<small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino tel. co.,l=Tenino WA 98589, Date:5/16/2019</small> Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Vitzthum</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">360-264-3155</span>					
Study Area Code of Reporting Carrier	522446		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TOLEDO TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Philip Cappalonga</b></p>				<p>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.net,O=toledo telephone company inc., e= , Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Philip Cappalonga</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-864-2004</b></p>					
Study Area Code of Reporting Carrier	<b>522447</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<p><b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b></p>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
<p>Name of Reporting Carrier <b>WESTERN WAHIAKUM COUNTY TELEPHONE COMPANY</b></p>			
<p>Signature of authorized officer </p>		<p>Date <b>05/29/2019</b></p>	
<p>Printed name of authorized officer <b>STEVEN M. APPELO</b></p>			
<p>Title or position of authorized officer <b>PRESIDENT</b></p>			
<p>Telephone number of authorized officer: <b>(360) 465-2211</b></p>			
<p>Study Area Code of Reporting Carrier <b>522451</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy) <b>June 17 2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WHIDBEY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gary Ricketts</span></p>				<p><small>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/23/2019</small></p> <p>Date: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gary Ricketts</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-321-0051</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522452</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/17/2019</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>BEAVER CREEK COOPERATIVE TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Paul Hauer</b>				<small>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:5/24/2019</small> Date: <b>5/24/2019</b>	
Printed name of Authorized Officer or employee: <b>Paul Hauer</b>					
Title or position of Authorized Officer or employee: <b>CEO/President</b>					
Telephone number of Authorized Officer or employee: <b>503-845-4433</b>					
Study Area Code of Reporting Carrier	<b>532359</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CLEAR CREEK MUTUAL TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jason Henke</b></p>				<p>Digitally signed by Jason Henke DN:cn=Jason Henke,email=jhenke@clearcreek.coop,O=clear creek mutual telephone co.,l= , Date:5/24/2019</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jason Henke</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-631-2101</b></p>					
Study Area Code of Reporting Carrier	<b>532363</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>COLTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Stephanie Sauvageau</b></p>				<p>Digitally signed by Stephanie Sauvageau DN: cn=Stephanie Sauvageau, email=stephanie@coltontel.com, O=colton telephone company, l=Colton OR 97017, Date: 5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Stephanie Sauvageau</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Accountant</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-824-5863</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532364</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>EAGLE TELEPHONE SYSTEM INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike Lattin</b></p>				<p>Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle telephone system inc.,l=Richland OR 97870, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike Lattin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-893-6111</b></p>					
Study Area Code of Reporting Carrier	<b>532369</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CASCADE UTILITIES INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brooke Wheeler</span>				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/23/2019</small>  Date: <span style="color: blue;">5/23/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Brooke Wheeler</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">503-630-8952</span>					
Study Area Code of Reporting Carrier	532371		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GERVAIS TELEPHONE COMPANY DBA DATAVISION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Renee Willer</b></p>				<p>Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais telephone company dba datavision,l=Gervais OR 97026, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Renee Willer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-792-5500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532373</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting CarrierRoome Telecommunications Inc			
Signature of authorized officer		Date	5-21-19
Printed name of authorized officerRandal L Roome			
Title or position of authorized officerPresident			
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)	6/17/2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">HELIX TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Smith</span>				<small>Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix telephone company,l=Helix OR 97385, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">James Smith</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">541-457-2385</span>					
Study Area Code of Reporting Carrier	532376		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HOME TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=home telephone company,l=Mt. Vernon OR 97865-0609, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532377</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TRANS-CASCADES TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brooke Wheeler</b></p>				<p><small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades telephone company,l=Estacada OR 97023, Date:5/23/2019</small></p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-630-8952</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<b>532378</b>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">MOLALLA TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terry Simms</span>				<small>Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla telephone company,l=Molalla OR 97038, Date:5/21/2019</small> Date: <span style="color: blue;">5/21/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Terry Simms</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">503-829-1122</span>					
Study Area Code of Reporting Carrier	532383		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MONITOR COOPERATIVE TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Stephanie Sauvageau</b></p>				<p>Digitally signed by Stephanie Sauvageau DN: cn=Stephanie Sauvageau, email=stephanie@coltontel.com, O=monitor cooperative telephone co.,l= , Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Stephanie Sauvageau</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-634-2266</b></p>					
Study Area Code of Reporting Carrier	<b>532384</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>MONROE TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>David Mills</b>				<small>Digitally signed by David Mills DN:cn=David Mills,email=NECAaffairs@monroetel.com,O=monroe telephone company,l=Monroe OR 97456-0130, Date:5/21/2019</small>	
Date: <b>5/21/2019</b>					
Printed name of Authorized Officer or employee: <b>David Mills</b>					
Title or position of Authorized Officer or employee: <b>Vice President</b>					
Telephone number of Authorized Officer or employee: <b>541-847-5135</b>					
Study Area Code of Reporting Carrier	<b>532385</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>CANBY TELEPHONE ASSOCIATION (MT. ANGEL)</b>					
Signature of Authorized Officer or employee: <b>Paul Hauer</b>				<small>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:5/24/2019</small>	
Date: <b>5/24/2019</b>					
Printed name of Authorized Officer or employee: <b>Paul Hauer</b>					
Title or position of Authorized Officer or employee: <b>CEO/President</b>					
Telephone number of Authorized Officer or employee: <b>503-632-6314</b>					
Study Area Code of Reporting Carrier	<b>532386</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Nehalem Telecommunications Inc.	
Signature of authorized officer			Date		05/24/19
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)	June 17 2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTH STATE TELEPHONE COMPANY - OR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=north state telephone company - or,l=Mt. Vernon OR 97865-0609, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532388</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>OREGON TELEPHONE CORPORATION</b>					
Signature of Authorized Officer or employee: <b>Delinda Kluser</b>				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=oregon telephone corporation,l=Mt. Vernon OR 97865-0609, Date:5/16/2019</small>	
Date: <b>5/16/2019</b>					
Printed name of Authorized Officer or employee: <b>Delinda Kluser</b>					
Title or position of Authorized Officer or employee: <b>Vice President, Manager</b>					
Telephone number of Authorized Officer or employee: <b>541-932-4411</b>					
Study Area Code of Reporting Carrier	<b>532389</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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. §§ 502, 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">OREGON-IDAHO UTILITIES, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Perez</span>				<small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,l=Nampa ID 83653, Date:5/20/2019</small> Date: <span style="color: blue;">5/20/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Perez</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Controller / Corporate Secretary</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">208-461-7802</span>					
Study Area Code of Reporting Carrier	532390		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>PEOPLES TELEPHONE CO. - OR</b>					
Signature of Authorized Officer or employee: <b>Curt Thornton</b>				<small>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples telephone co. - or,lc=Stayton OR 97383, Date:5/17/2019</small> Date: <b>5/17/2019</b>	
Printed name of Authorized Officer or employee: <b>Curt Thornton</b>					
Title or position of Authorized Officer or employee: <b>President/CEO</b>					
Telephone number of Authorized Officer or employee: <b>503-769-2121</b>					
Study Area Code of Reporting Carrier	<b>532391</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PINE TELEPHONE SYSTEM INC. - OR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=pine telephone system inc. - or,l=Mt. Vernon OR 97865-0609, Date:5/16/2019</small></p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532392</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>PIONEER TELEPHONE COOP. DBA PIONEER CONNECT</b>					
Signature of Authorized Officer or employee: <b>Michael Whalen</b>				<small>Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneerconnect.net,O=pioneer telephone coop. dba pioneer connect,l=Philomath OR 97370-0631, Date:5/17/2019</small>	
Date: <b>5/17/2019</b>					
Printed name of Authorized Officer or employee: <b>Michael Whalen</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>541-929-8256</b>					
Study Area Code of Reporting Carrier	<b>532393</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ST. PAUL COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Nick Schneider</span></p>				<p><small>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:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Nick Schneider</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-633-2111</span></p>					
Study Area Code of Reporting Carrier	532396		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SCIO MUTUAL TEL. ASSOCIATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Barth</b></p>				<p>Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tom.barth@smta.coop,O=scio mutual tel. association,l=Scio OR 97374, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Barth</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-394-3366</b></p>					
Study Area Code of Reporting Carrier	<b>532397</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">STAYTON COOP. TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Curt Thornton</span>				<small>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=stayton coop. tel co,l=Stayton OR 97383, Date:5/17/2019</small> Date: <span style="color: blue;">5/17/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Thornton</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">503-769-2121</span>					
Study Area Code of Reporting Carrier	532399		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>OREGON TELEPHONE CORPORATION (MTE-OREGON)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=oregon telephone corporation (mte-oregon),l=Mt. Vernon OR 97865-0609, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>533336</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CALAVERAS TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Rose Cullen</span>				<small>Digitally signed by Rose Cullen DN:cn=Rose Cullen,email=rose.cullen@caltel.com,O=calaveras telephone company,l=Copperopolis CA 95228, Date:5/30/2019</small>	
Date: <span style="color: blue;">5/30/2019</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Rose Cullen</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">209-785-2211</span>					
Study Area Code of Reporting Carrier	542301		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">CAL-ORE TELEPHONE CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Waihun Yee</span>				<small>Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@calore.net,O=cal-ore telephone co.,l=Dorris CA 96023-0847, Date:5/30/2019</small> Date: <span style="color: blue;">5/30/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Waihun Yee</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">530-397-2211</span>					
Study Area Code of Reporting Carrier	542311		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DUCOR TELEPHONE COMPANY dba VARCOMM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jenifer Vellucci</b></p>				<p>Digitally signed by Jenifer Vellucci DN:cn=Jenifer Vellucci,email=jvellucci@ducortelco.com,O=ducor telephone company dba varcomm,l=Ducor CA 93218, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jenifer Vellucci</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/AGM</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>602-432-3981</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542313</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	<p></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <b>Foresthill Telephone Co (dba Sebastian)</b>			
Signature of authorized officer <i>Rhonda Armstrong</i>		Date <b>5/20/19</b>	
Printed name of authorized officer <b>Rhonda Armstrong</b>			
Title or position of authorized officer <b>Vice President - Operations</b>			
Telephone number of authorized officer: <b>559,846-7861</b> ext.			
Study Area Code of Reporting Carrier <b>542318</b>		Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier Kerman Telephone Co (dba Sebastian)			
Signature of authorized officer <i>Rhonda Armstrong</i>		Date	5/20/19
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 Center	542324	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>THE PONDEROSA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kristann Mattes</b></p>				<p><small>Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=the ponderosa telephone company,l=O'Neals CA 93645, Date:5/22/2019</small></p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kristann Mattes</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>559-868-6346</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542332</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">SIERRA TELEPHONE COMPANY, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cynthia Huber</span>				<small>Digitally signed by Cynthia Huber DN:cn=Cynthia Huber,email=cindyh@stcg.net,O=sierra telephone company, inc.,l=Oakhurst CA 93644, Date:5/28/2019</small> Date: <span style="color: blue;">5/28/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Cynthia Huber</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">559-642-0209</span>					
Study Area Code of Reporting Carrier	542338		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

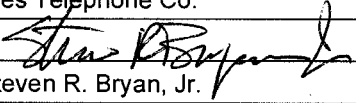
**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>				
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>				
Name of Reporting Carrier <b>Siskiyou Telephone Company</b>				
Signature of authorized officer <i>James T. Lowers</i>			Date	<b>05/20/2019</b>
Printed name of authorized officer <b>James T. Lowers</b>				
Title or position of authorized officer <b>President</b>				
Telephone number of authorized officer: <b>(530) 467-6000</b>				
Study Area Code of Reporting Carrier		<b>542339</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 17 2019</b>
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>VOLCANO TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brenda Shepard</b></p>				<p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brenda Shepard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>209-296-1447</b></p>					
Study Area Code of Reporting Carrier	<b>542343</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Pinnacles Telephone Co.</b>			
Signature of authorized officer 		Date <b>5/31/2019</b>	
Printed name of authorized officer <b>Steven R. Bryan, Jr.</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(831) 389-4500</b>			
Study Area Code of Reporting Carrier <b>542346</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>June 17 2019</b>
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FILER MUTUAL TEL COMPANY-NV dba TRULEAP TECH</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bob Kraut</b></p>				<p><small>Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel company-nv dba truleap tech, =Filer ID 83328-0089, Date:5/18/2019</small></p>	
<p>Date: <b>5/18/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bob Kraut</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-326-4330</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552220</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier				Rural Telephone Company - NV	
Signature of authorized officer			Date		05/24/19
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		552233	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BEEHIVE TELEPHONE COMPANY, INC., NV</b></p>					
<p>Signature of Authorized Officer or employee: <b>Larry Mason</b></p>				<p>Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone company, inc., nv,l=Lake Point UT 84074, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Larry Mason</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Senior Vice President Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>435-837-6000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552284</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CHURCHILL COUNTY TEL. DBA CC COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Feest</b></p>				<p><small>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:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mark Feest</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>775-423-7654</b></p>					
Study Area Code of Reporting Carrier	<b>552349</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>LINCOLN COUNTY TELEPHONE SYSTEM INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Christian, III</b></p>				<p><small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln county telephone system inc.,l=Piocche NV 89043, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>John Christian, III</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>775-962-5131</b></p>					
Study Area Code of Reporting Carrier	<b>552351</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">RIO VIRGIN TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brooke Wheeler</span>				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin telephone company,l=Estacada OR 97023, Date:5/23/2019</small> Date: <span style="color: blue;">5/23/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Brooke Wheeler</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">503-630-8952</span>					
Study Area Code of Reporting Carrier	552356		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HUMBOLDT TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Justin Perez</b></p>				<p><small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt telephone company, Nampa ID 83653, Date:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Justin Perez</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller / Corporate Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-461-7802</b></p>					
Study Area Code of Reporting Carrier	<b>553304</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ADAK EAGLE ENTERPRISES, LLC dba ADAK TEL UTIL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Andilea Weaver</b></p>				<p><small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak eagle enterprises, llc dba adak tel util,/= , Date:5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Andilea Weaver</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-222-0844</b></p>					
Study Area Code of Reporting Carrier	<b>610989</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <span style="color: blue;">ARCTIC SLOPE TEL. ASSOCIATION COOP.INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Clover McNeil</span>				<small>Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel. association coop.inc.,l= , Date:5/16/2019</small>  Date: <span style="color: blue;">5/16/2019</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Clover McNeil</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">907-564-2680</span>					
Study Area Code of Reporting Carrier	613001		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	Bettles Telephone, Inc		
Signature of authorized officer	<i>Mary Jo Quandt</i>	Date	5/30/2019
Printed name of authorized officer	Mary Jo Quandt		
Title or position of authorized officer	V/P Chief Customer Operations		
Telephone number of authorized officer:	800 982-0136, ext. 115		
Study Area Code of Reporting Carrier	613002	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BRISTOL BAY TELEPHONE COOP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jeffrey Fulton</b></p>				<p><small>Digitally signed by Jeffrey Fulton DN:cn=Jeffrey Fulton,email=jfulton@bristolbay.com,O=bristol bay telephone coop. inc.,l= , Date:5/31/2019</small></p> <p>Date: <b>5/31/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jeffrey Fulton</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-439-0456</b></p>					
Study Area Code of Reporting Carrier	<b>613003</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>BUSH-TELL INCORPORATED</b>					
Signature of Authorized Officer or employee: <b>W. DeVore</b>				<small>Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mscon.com,O=bush-tell incorporated, =Aniak AK 99557-0109, Date:5/31/2019</small> Date: <b>5/31/2019</b>	
Printed name of Authorized Officer or employee: <b>W. DeVore</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>907-675-4311</b>					
Study Area Code of Reporting Carrier	<b>613004</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CIRCLE TELEPHONE &amp; ELECTRIC, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Masephol</b></p>				<p><small>Digitally signed by David Masephol DN: cn=David Masephol, email=dmasephol@sbcglobal.net, O=circle telephone &amp; electric, llc, c=Circle AK 99733, Date: 5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David Masephol</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Member Owner</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-773-5500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613005</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>COPPER VALLEY TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Laura Kompkoff</b></p>				<p><small>Digitally signed by Laura Kompkoff DN:cn=Laura Kompkoff,email=lkompkoff@cvtc.org,O=copper valley tel. coop. inc.,l=Valdez AK 99686, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Laura Kompkoff</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-835-7712</b></p>					
Study Area Code of Reporting Carrier	<b>613006</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTERIOR TELEPHONE COMPANY INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brett Carter</span></p>				<p><small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/29/2019</small></p> <p>Date: <span style="color: blue;">5/29/2019</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brett Carter</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP/Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-563-2003</span></p>					
Study Area Code of Reporting Carrier	613011		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MUKLUK TEL. COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brett Carter</b></p>				<p><small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=mukluk tel. company, inc., Date:5/29/2019</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brett Carter</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP/Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-563-2003</b></p>					
Study Area Code of Reporting Carrier	<b>613016</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier				Alaska Telephone Company	
Signature of authorized officer		<i>Mary Jo Quandt</i>		Date	5/30/2019
Printed name of authorized officer		Mary Jo Quandt			
Title or position of authorized officer		V/P Chief Customer Operations			
Telephone number of authorized officer:		(800) 982-0136 ext. 115			
Study Area Code of Reporting Carrier		613017	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NUSHAGAK ELECTRIC &amp; TELEPHONE COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Himschoot</b></p>				<p>Digitally signed by Robert Himschoot DN:cn=Robert Himschoot,email=rhimschoot@nushagak.coop,O=nushagak electric &amp; telephone coop., inc.,l=Dillingham AK 99576, Date:5/29/2019</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Himschoot</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-842-5251</b></p>					
Study Area Code of Reporting Carrier	<b>613018</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier				OTZ Telephone Cooperative, Inc	
Signature of authorized officer			Date		05/30/2019
Printed name of authorized officer			Kelly Williams		
Title or position of authorized officer			CEO		
Telephone number of authorized officer:			(907) 442-1000		
Study Area Code of Reporting Carrier		613019	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Yukon Telephone Company, Inc.				
Signature of authorized officer 			Date	5/24/2019
Printed name of authorized officer Krag Johnsen				
Title or position of authorized officer Vice President, 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)	6/17/2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				North Country Telephone, Inc	
Signature of authorized officer		<i>Mary Jo Quandt</i>		Date	5/30/2019
Printed name of authorized officer		Mary Jo Quandt			
Title or position of authorized officer		V/P Chief Customer Operations			
Telephone number of authorized officer:		800-982-0136, ext. 115			
Study Area Code of Reporting Carrier		613026	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SUMMIT TEL &amp; TEL CO OF ALASKA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Roger Shoffstall</b></p>				<p>Digitally signed by Roger Shoffstall DN:cn=Roger Shoffstall,email=rshoffstall@summittelephonecompany.com,O=summit tel &amp; tel co of alaska,l=Fairbanks AK 99710, Date:5/24/2019</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Roger Shoffstall</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/President/Owner/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-389-1012</b></p>					
Study Area Code of Reporting Carrier	<b>613028</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
<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 Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier: Sandwich Isles Communications, Inc.			
Signature of authorized officer: <i>Breanne Kahalewai</i>		Date: MAY 22 2019	
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)	June 17 2019
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>AMERICAN SAMOA TELECOMMUNICATIONS AUTHORITY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Fala Sualevai</b></p>				<p><small>Digitally signed by Fala Sualevai DN:cn=Fala Sualevai,email=fala.sualevai@astca.net,O=american samoa telecommunications authority,l=Pago Pago AS 96799, Date:5/29/2019</small></p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Fala Sualevai</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>684-633-1121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>673900</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2019</b></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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Consolidated Communications Inc</b>			
Signature of authorized officer <i>Michael Skrivan</i>		Date	May 31, 2019
Printed name of authorized officer <b>Michael Skrivan</b>			
Title or position of authorized officer <b>VP Regulatory</b>			
Telephone number of authorized officer: <b>(207) 535-4150</b>			
Study Area Code of Reporting Carrier	<b>see attache</b>	Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
<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>			

Study Area ID Study Area Name

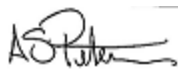
100015	CONSOLIDATED COMMUNICATIONS OF MAINE-COMM SVC
150073	BERKSHIRE TEL. CORP.
150078	CHAUTAUQUA & ERIE TEL. CORP.
150084	TACONIC TEL. CORP.
170145	BENTLEYVILLE COMM CORP dba THE BENTLEYVILLE TELEPHONE
170185	MARIANNA-SCENERY HILL TEL. CO.
210291	CONSOLIDATED COMM. OF FLORIDA COMPANY-FLORALA
210329	CONSOLIDATED COMM. OF FLORIDA COMPANY-PERRY
210339	CONSOLIDATED COMM. OF FLORIDA COMPANY-ST JOE
300604	COLUMBUS GROVE TEL. CO.
300618	GERMANTOWN INDEPENDENT TEL. CO.
300649	ORWELL TEL. CO.
341004	CONSOLIDATED COMM. OF CENTRAL IL CO.-EL PASO
341009	CONSOLIDATED COMM. OF CENTRAL IL CO.-C-R
341065	CONSOLIDATED COMM. OF CENTRAL IL CO.-ODIN
411835	CONSOLIDATED COMM. OF KANSAS CO.-KS
421472	CONSOLIDATED COMM. OF MO CO. dba CONS. COMM.
431981	CONSOLIDATED COMMUNICATIONS OF OKLAHOMA CO.
461835	CONSOLIDATED COMM. OF KANSAS CO.-CO
462192	CONSOLIDATED COMM. OF COLORADO CO.-BIG SANDY
462204	CONSOLIDATED COMM. OF COLORADO CO.-COLUMBINE
522412	CONSOLIDATED COMM. OF WASHINGTON CO.-ELLENSBURG
522453	CONSOLIDATED COMM. OF WASHINGTON CO.-YELM

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

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

Name of Reporting Carrier **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 5/14/2019

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)

**6/17/2019**

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