

# VOLUME 1

## APPENDIX D Exhibit 3

### CARRIER CERTIFICATIONS Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>OXFORD WEST TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Bruce Skellie</b></p>				<p><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></p>	
<p>Date:      <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer:      <b>Bruce Skellie</b></p>					
<p>Title or position of Authorized Officer:      <b>SVP of Finance</b></p>					
<p>Telephone number of Authorized Officer:      <b>518-694-0550</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>100002</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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLNVILLE NETWORKS, INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Shirley Manning</span></p>				<p><small>Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@intelco.net,O=lincolnvill networks, inc.,l= , Date:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Shirley Manning</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">207-563-9941</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">100003</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>OXFORD COUNTY TEL. &amp; TELE. CO.</b></p>					
<p>Signature of Authorized Officer:      <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:      <b>Bruce Skellie</b></p>					
<p>Title or position of Authorized Officer:      <b>SVP of Finance</b></p>					
<p>Telephone number of Authorized Officer:      <b>518-694-0550</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>100019</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 THE REPORTING CARRIER,

<p align="center"><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p> <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
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 ext.			
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.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UNITEL, INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Laurie Osgood</span></p>				<p>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@unitel.me,O=unitel, inc.,I=Unity ME 04988-0165, Date:5/23/2019</p> <p>Date: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Laurie Osgood</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">207-948-9952</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">100029</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MAGNA5 RTC LLC dba RICHMOND TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Joseph O'Hara</b></p>				<p>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</p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Joseph O'Hara</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>214-624-9969</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>110737</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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Bretton Woods Telephone Company, Inc.</b>			
Signature of Authorized Officer 			Date <b>05/21/2019</b>
Printed name of Authorized Officer <b>Karen M. Wante</b>			
Title or position of Authorized Officer <b>Vice President</b>			
Telephone number of Authorized Officer: <b>(603) 278-9911</b> , ext.			
Study Area Code of Reporting Carrier	<b>120038</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRANITE STATE TEL., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Susan King</b></p>				<p>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</p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Susan King</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>603-529-9941</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>120039</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DIXVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Ann Walsh</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">781-402-1731</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">120042</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUNBARTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">David Montgomery</span></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: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Montgomery</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">603-774-9911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">120043</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FRANKLIN TEL. CO.-VT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kimberly Gates Maynard</span></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: <span style="color: blue;">5/21/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kimberly Gates Maynard</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">802-285-9911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">140053</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>TOPSHAM TELEPHONE COMPANY, INC.</u>				
Signature of Authorized Officer <u>Mark De Perrion</u>				Date <u>05/21/2019</u>
Printed name of Authorized Officer <u>MARK DE PERRION</u>				
Title or position of Authorized Officer <u>CONTROLLER</u>				
Telephone number of Authorized Officer: <u>(315) 324-5111 ext.</u>				
Study Area Code of Reporting Carrier	<u>140068</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WAITSFIELD/FAYSTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Roger Nishi</span></p>				<p><small>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston tel. co.,l=Waitsfield VT 05673, Date:5/23/2019</small></p> <p>Date: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Roger Nishi</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President - Industry Relations</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">802-496-8336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">140069</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Vermont Telephone Company, Inc.			
Signature of Authorized Officer <i>Dawn E. Tucker</i>			Date 5/31/19
Printed name of Authorized Officer Dawn E. Tucker			
Title or position of Authorized Officer Director of Accounting			
Telephone number of Authorized Officer (802) 885- <del>7441</del> ext. 7783			
Study Area Code of Reporting Carrier	147332	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL. CO.-NY</b></p>					
<p>Signature of Authorized Officer: <b>Mark Rankin</b></p>				<p>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/31/2019</p>	
<p>Date: <b>5/31/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Rankin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>					
Study Area Code of Reporting Carrier	<b>150071</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASSADAGA TEL. CORP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Maytum</span></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: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Maytum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President, COO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">716-673-3016</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150076</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHAMPLAIN TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Mark Webster</b></span></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: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Webster</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-298-2480</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150077</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 THE REPORTING CARRIER,

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <u>CITIZENS TELEPHONE COMPANY OF HAMMOCK, INC.</u></p>			
<p>Signature of Authorized Officer <u>Mark W. De Perrior</u></p>			<p>Date <u>05/21/2019</u></p>
<p>Printed name of Authorized Officer <u>MARK W. DE PERRIOR</u></p>			
<p>Title or position of Authorized Officer <u>CONTROLLER</u></p>			
<p>Telephone number of Authorized Officer: <u>(345) 324-5911</u>, ext. _____</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><u>150081</u></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>June 17 2019</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CROWN POINT TEL. CORP.</b></p>					
<p>Signature of Authorized Officer: <b>Shana Macey</b></p>				<p>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</p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Shana Macey</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>518-597-3300</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150085</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DELHI TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jason Miller</span></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: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jason Miller</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">607-746-1524</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150088</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUNKIRK AND FREDONIA TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Mark Maytum</b></p>					
<p>Title or position of Authorized Officer: <b>President, COO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>EMPIRE TELEPHONE CORP-NY</b></p>					
<p>Signature of Authorized Officer: <b>Tom Prestigiacomo</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Tom Prestigiacomo</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>607-522-4237</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150093</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE FISHERS ISLAND TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>J. Finan</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>J. Finan</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GERMANTOWN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Bohnsack</b></p>				<p><small>Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel. co., inc.,c=US,ou=germantown NY 12526, Date:5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Bruce Bohnsack</b></p>					
<p>Title or position of Authorized Officer: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>518-537-4835</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150097</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><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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HANCOCK TEL. CO.-NY</b></p>					
<p>Signature of Authorized Officer: <b>Robert Wrighter, Jr</b></p>				<p>Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel. co.-ny,l=Hancock NY 13783, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Robert Wrighter, Jr</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MARGARETVILLE TEL. CO.,INC.</b></p>					
<p>Signature of Authorized Officer: <b>Glen Faulkner</b></p>				<p><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></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Glen Faulkner</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>845-586-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150104</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MIDDLEBURGH TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <b>James Becker</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>James Becker</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>518-827-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150105</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEWPORT TEL. CO.,INC.</b></p>					
<p>Signature of Authorized Officer: <b>Joseph Tomaino</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Joseph Tomaino</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>315-845-8112</b></p>					
Study Area Code of Reporting Carrier	<b>150107</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NICHOLVILLE TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Jeffrey McGrath</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ONEIDA COUNTY RURAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Heather Kirkland</b></p>				<p><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></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Heather Kirkland</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>315-865-3239</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150111</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ONTARIO TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>James Cheney</b></p>				<p>Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@ottctel.com,O=ontario telephone company, inc., = , Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>James Cheney</b></p>					
<p>Title or position of Authorized Officer: <b>CFO/COO</b></p>					
<p>Telephone number of Authorized Officer: <b>315-548-8017</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150112</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PATTERSONVILLE TEL. CO.-NY</b></p>					
<p>Signature of Authorized Officer: <b>Tammy Krisher</b></p>				<p>Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptccconnect.net,O=pattersonville tel. co.-ny,l=Rotterdam Junc NY 12150, Date:5/23/2019</p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Tammy Krisher</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>518-887-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150116</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STATE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Evans</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Evans</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-731-6128</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150125</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TRUMANSBURG TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>James Cheney</b></p>				<p>Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@ottctel.com,O=trumansburg telephone company, inc.,l= , Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>James Cheney</b></p>					
<p>Title or position of Authorized Officer: <b>CFO/COO</b></p>					
<p>Telephone number of Authorized Officer: <b>315-548-8017</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150131</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 THE REPORTING CARRIER,****Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier	AL	DocuSigned by:	ICK LLC		
Signature of Authorized Officer	<i>Bob Hagan</i>			Date	5/31/2019
Printed name of Authorized Officer	8B82F92FACBC4BA... ROBERT HAGAN				
Title or position of Authorized Officer	CFO				
Telephone number of Authorized Officer:	(470) 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 THE REPORTING CARRIER,****Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier	AL	DocuSigned by:	ICK LLC		
Signature of Authorized Officer	<i>Bob Hagan</i>			Date	5/31/2019
Printed name of Authorized Officer	8B62F92FACBC4BA...				
Title or position of Authorized Officer	CFO				
Telephone number of Authorized Officer:	(470) 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE CITIZENS TELEPHONE COMPANY OF KECKSBURG</b></p>					
<p>Signature of Authorized Officer: <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: <b>Arnold Cutrell</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HICKORY TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Terri Jeffers</span></p>				<p><small>Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tij@hky.com,O=hickory tel. co.,l= , Date:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Terri Jeffers</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Regulatory Director</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-356-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170171</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LACKAWAXEN TELECOMMUNICATIONS SERVICES, INC.</b></p>					
<p>Signature of Authorized Officer: <b>James Kail</b></p>				<p>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l=Stahlstown PA 15687-0168, Date:5/31/2019</p>	
<p>Date: <b>5/31/2019</b></p>					
<p>Printed name of Authorized Officer: <b>James Kail</b></p>					
<p>Title or position of Authorized Officer: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>724-593-2411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170177</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL. CO.-PA</b></p>					
<p>Signature of Authorized Officer: <b>Mark Rankin</b></p>				<p>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrankin@agoc.com,O=armstrong tel. co.-pa, Date:5/31/2019</p>	
<p>Date: <b>5/31/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Rankin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170189</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE NORTH-EASTERN PENNSYLVANIA TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Steven Tourje</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH PENN TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Tom Prestigiacomo</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Tom Prestigiacomo</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>607-522-4237</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170192</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL. CO. NORTH</b></p>					
<p>Signature of Authorized Officer: <b>Mark Rankin</b></p>				<p>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co. north,/= , Date:5/31/2019</p> <p>Date: <b>5/31/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Mark Rankin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170195</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PALMERTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Timothy Hausman</b></p>				<p>Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton telephone company,l= , Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Timothy Hausman</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PENNSYLVANIA TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Kimberly Hannan</b></p>				<p>Digitally signed by Kimberly Hannan DN:cn=Kimberly Hannan,email=patelco@ovalinternet.net,O=pennsylvania tel. co.,l= , Date:5/24/2019</p> <p>Date: <b>5/24/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Kimberly Hannan</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>570-745-7101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170197</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PYMATUNING IND. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Adam Dixon</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Adam Dixon</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Operating Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">870-921-5757</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170200</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH CANAAN TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>James Kail</b></p>				<p>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</p> <p>Date: <b>5/31/2019</b></p>	
<p>Printed name of Authorized Officer: <b>James Kail</b></p>					
<p>Title or position of Authorized Officer: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>724-593-2411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170205</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VENUS TEL. CORP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Janice Kline</b></span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Janice Kline</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager and Asst. Sec/Treas.</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">814-354-6400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170210</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL. CO.-PA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">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,lc= , Date:5/20/2019</small></p>	
<p>Date: <span style="color: blue;">5/20/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">V.P. Operations, General Manager</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL. CO. OF MD</b></p>					
<p>Signature of Authorized Officer: <b>Mark Rankin</b></p>				<p>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co. of md,/= , Date:5/31/2019</p> <p>Date: <b>5/31/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Mark Rankin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>180216</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Buggs Island Telephone Cooperative

Signature of Authorized Officer *Michele Taylor*

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BURKE'S GARDEN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Missy Lynch</b></p>				<p><small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel. co., inc., = , Date:5/24/2019</small></p> <p>Date: <b>5/24/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Missy Lynch</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager/Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>276-472-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190220</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TEL. COOP.-VA</b></p>					
<p>Signature of Authorized Officer: <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: <b>Greg Sapp</b></p>					
<p>Title or position of Authorized Officer: <b>CEO &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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>					

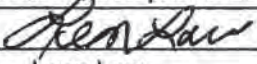
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MGW TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Sheri Smith</b></p>				<p>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw telephone company, inc.,l= , Date:5/24/2019</p> <p>Date: <b>5/24/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Sheri Smith</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>540-925-5235</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190238</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEW HOPE TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <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: <b>Laurie Hensley</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Pembroke Telephone Cooperative</b>			
Signature of Authorized Officer 			Date <b>05/16/2019</b>
Printed name of Authorized Officer <b>Leon Law</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(540) 626-7111, ext.</b>			
Study Area Code of Reporting Carrier	<b>190243</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEOPLES MUTUAL TEL. CO.-VA</b></p>					
<p>Signature of Authorized Officer: <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: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190244</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SCOTT COUNTY TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Daniel Odom</b></p>				<p>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</p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Daniel Odom</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>276-452-7224</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190248</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gary Miller</span></p>				<p><small>Digitally signed by Gary Miller DN:cn=Gary Miller,email=Gary.Miller@emp.shentel.com,O=shenandoah tel. co.,c=US, Date: 5/28/2019</small></p> <p>Date: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gary Miller</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Director, Accounting WLN &amp; WLS</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-984-5991</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190250</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SHENANDOAH TELEPHONE COMPANY - NR</b></p>					
<p>Signature of Authorized Officer: <b>Gary Miller</b></p>				<p>Digitally signed by Gary Miller DN:cn=Gary Miller,email=Gary.Miller@emp.shentel.com,O=shenandoah telephone company - nr,l= , Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Gary Miller</b></p>					
<p>Title or position of Authorized Officer: <b>Director, Accounting WLN &amp; WLS</b></p>					
<p>Telephone number of Authorized Officer: <b>540-984-5991</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>197251</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL. CO.-WV</b></p>					
<p>Signature of Authorized Officer: <b>Mark Rankin</b></p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.-wv,lc= , Date:5/31/2019</small></p> <p>Date: <b>5/31/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Mark Rankin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200256</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SPRUCE KNOB SENECA ROCKS TEL., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Sarah Nottingham</b></p>				<p>Digitally signed by Sarah Nottingham DN:cn=Sarah Nottingham,email=sarahnott@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: <b>Sarah Nottingham</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>304-567-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200257</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HARDY TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Scott Sherman</b></p>				<p>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecommunications, inc.,l= , Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Scott Sherman</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>304-897-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200259</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Mark Rankin</b></p>				<p>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.,l= , Date:5/31/2019</p>	
<p>Date: <b>5/31/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Rankin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200267</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL. CO.-WV</span></p>					
<p>Signature of Authorized Officer: <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.-wv, = , Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">V.P. Operations, General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">200277</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ITS TELECOMMUNICATIONS SYSTEMS, INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Bruce Russell</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/CFO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST FLORIDA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <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., = , Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>870-921-5757</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>210335</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALMA TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kevin Brooks</span></p>				<p><small>Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel. co., inc.,c=Alma GA 31510, Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Brooks</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">912-632-8603</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220344</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BRANTLEY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Donovan Strickland</b></p>				<p><small>Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel. co., inc.,c=US,ou=Nahunta GA 31553, Date:5/21/2019</small></p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Donovan Strickland</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>912-462-5111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220347</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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BULLOCH CNTY. RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>John Scott</b></p>				<p><small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc.,l= , Date:5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer: <b>John Scott</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer: <b>912-865-1100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220348</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TEL. CO., INC.-GA</b></p>					
<p>Signature of Authorized Officer: <b>Chad Ledger</b></p>				<p>Digitally signed by Chad Ledger DN:cn=Chad Ledger,email=scl@citizensdsl.com,O=citizens tel. co., inc.-ga,l=Leslie GA 31764, Date:5/21/2019</p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Chad Ledger</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>229-874-4145</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220355</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Darien Telephone Company**

Signature of Authorized Officer

*Mary Lou Forsyth*

Date **May 21, 2019**

Printed name of Authorized Officer **Mary Lou Forsyth**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(912) 437-6611** ext.

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">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: <span style="color: blue;">Janice O'Brien</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HART TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Randy Daniel</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEMBROKE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Mary Anna Hite</b></p>				<p>Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelco.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: <b>Mary Anna Hite</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PLANTERS RURAL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Lacienski</span></p>				<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> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Lacienski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">912-857-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220378</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PLANT TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Gordon Duff</b></span></p>				<p><small>Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@plantel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/21/2019</small></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gordon Duff</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">229-528-4777</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220379</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>					

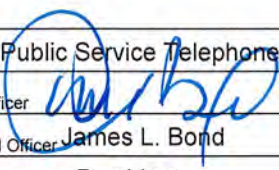
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PROGRESSIVE RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Ron Chambers</b></p>				<p>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</p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Ron Chambers</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>478-984-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220380</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>Public Service Telephone Company</b>			
Signature of Authorized Officer 			Date <b>May 21, 2019</b>
Printed name of Authorized Officer <b>James L. Bond</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(478) 847-4111</b> ext. <b>6520</b>			
Study Area Code of Reporting Carrier	<b>220381</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2019</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>WAVERLY HALL TELEPHONE, L.L.C.</b></p>					
<p>Signature of Authorized Officer:      <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:      <b>Deborah Rand</b></p>					
<p>Title or position of Authorized Officer:      <b>President</b></p>					
<p>Telephone number of Authorized Officer:      <b>603-472-9786</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220392</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BARNARDSVILLE TEL. dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer: <b>Eric Cramer</b></p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=barnardsville tel. dba riverstreet networks,l= , Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230469</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ELLERBE TEL. CO. dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer: <b>Eric Cramer</b></p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=ellerbe tel. co. dba riverstreet networks,l= , Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230478</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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>North State Telephone Company dba North State Communications</b>			
Signature of Authorized Officer <i>Lynn B. Welborn</i>			Date <b>05/29/2019</b>
Printed name of Authorized Officer <b>Lynn B. Welborn</b>			
Title or position of Authorized Officer <b>EVP, CAO</b>			
Telephone number of Authorized Officer: <b>(336) 821-8766</b> ext.			
Study Area Code of Reporting Carrier	<b>230491</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Pineville Telephone Company</b>			
Signature of Authorized Officer 			Date <b>5-20-19</b>
Printed name of Authorized Officer <b>Tammy J. Vachon</b>			
Title or position of Authorized Officer <b>Telecommunications Director</b>			
Telephone number of Authorized Officer: <b>(704) 889-2001</b> ext.			
Study Area Code of Reporting Carrier	<b>230494</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANDOLPH TEL. MEMB. CORP. DBA RANDOLPH COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">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: <span style="color: blue;">Kimberly Garner</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">336-879-7911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230496</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SURRY TELEPHONE MEMBERSHIP CORPORATION</b></p>					
<p>Signature of Authorized Officer: <b>Curtis Taylor</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Curtis Taylor</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>336-374-4535</b></p>					
Study Area Code of Reporting Carrier	<b>230497</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SALUDA MOUNTAIN TEL. dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer: <b>Eric Cramer</b></p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=saluda mountain tel. dba riverstreet networks,/= , Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230498</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SERVICE TEL. CO. dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer: <b>Eric Cramer</b></p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=service tel. co. dba riverstreet networks,l= , Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230500</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SURRY TELEPHONE MEMBERSHIP CORPORATION</b></p>					
<p>Signature of Authorized Officer: <b>Curtis Taylor</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Curtis Taylor</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>336-374-4535</b></p>					
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WILKES TEL MEMB CORP dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer: <b>Eric Cramer</b></p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes tel memb corp dba riverstreet networks,/= , Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WILKES TEL MEMB CORP dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer: <b>Eric Cramer</b></p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes tel memb corp dba riverstreet networks,lc=, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PALMETTO RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Dewaine Wilson</b></p>				<p>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural tel. coop., inc., Date:5/29/2019</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dewaine Wilson</b></p>					
<p>Title or position of Authorized Officer: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SANDHILL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Lee Chambers</b></p>				<p>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</p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Lee Chambers</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>843-658-6379</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>240546</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>					

4-5

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>Castellberry Telephone Co., Inc</u>			
Signature of Authorized Officer <u>Homer Holland</u>			Date <u>5-23-19</u>
Printed name of Authorized Officer <u>Homer Holland</u>			
Title or position of Authorized Officer <u>Sec/Treas</u>			
Telephone number of Authorized Officer: <u>(251) 966-2115</u> ext.			
Study Area Code of Reporting Carrier	<u>250285</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Farmers Telecommunications Cooperative, Inc.

Signature of Authorized Officer: *Tyler Pair*

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAYNEVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Evelyn Causey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/COO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">334-548-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250299</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MON-CRE TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Teresa Rich</b></p>				<p>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel. coop. inc.,c=US, Date: 5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Teresa Rich</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>334-562-3242</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>250305</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOUNDVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>R. Taylor</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>R. Taylor</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>205-371-9011</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>250307</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier New Hope Telephone Cooperative, Inc.

Signature of Authorized Officer *James D Cook*

Date 5/28/19

Printed name of Authorized Officer James D Cook

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer: (256) 723-4211, ext.     

Study Area Code of Reporting Carrier 250308

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE BELT TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Nettles</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/31/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Nettles</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">334-385-2106</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250315</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RAGLAND TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Matthew Jackson</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Matthew Jackson</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>205-472-2141</b></p>					
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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>Union Springs Telephone Company Inc</u>			
Signature of Authorized Officer <u>W H Freeman</u>			Date <u>05/23/2019</u>
Printed name of Authorized Officer <u>William H Freeman</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(334) 738-4400</u> ext. _____			
Study Area Code of Reporting Carrier	<u>250322</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Ballard Rural Telephone Cooperative Corporation, Inc.	
Signature of Authorized Officer					Date
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 ext.		
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.

FORM COMPLETED BY THE REPORTING CARRIER

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

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

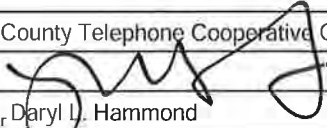
Name of Reporting Carrier				BRANDENBURG TELEPHONE COMPANY, INC.	
Signature of Authorized Officer				Date 05/17/2019	
Printed name of Authorized Officer				ALLISON WILLOUGHBY	
Title or position of Authorized Officer				PRESIDENT	
Telephone number of Authorized Officer:				(270) 422-2121 ext.	
Study Area 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUO COUNTY TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Daryl Hammond</b></p>				<p>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</p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Daryl Hammond</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>270-343-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>260401</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 THE REPORTING CARRIER

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Duo County Telephone Cooperative Corporation, Inc.			
Signature of Authorized Officer 			Date 7/1/2019
Printed name of Authorized Officer Daryl L. Hammond			
Title or position of Authorized Officer VP/CFO			
Telephone number of Authorized Officer: (270) 343-1111 ext.			
Study Area Code of Reporting Carrier	260401	Filing Due Date for this form (mm/dd/yyyy)	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>FOOTHILLS RURAL TEL. COOP. CORP., INC.</b>					
Signature of Authorized Officer: <b>Ruth Conley</b>				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	
Date: <b>5/29/2019</b>					
Printed name of Authorized Officer: <b>Ruth Conley</b>					
Title or position of Authorized Officer: <b>Chief Executive Officer</b>					
Telephone number of Authorized Officer: <b>606-297-9131</b>					
Study Area Code of Reporting Carrier	<b>260406</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOGAN TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Hale</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gregory Hale</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Executive V.P.</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">270-542-4121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260413</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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Mountain Rural Telephone Cooperative Corp., Inc.	
Signature of Authorized Officer					
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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Mountain Rural Telephone			
Signature of Authorized Officer <i>Jimmie Jones</i>			Date 6/27/19
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)	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.			

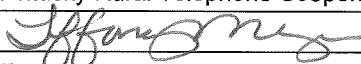
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <i>Peoples Rural Telephone</i>			
Signature of Authorized Officer <i>Keith Gabbard</i>			Date <i>5-30-19</i>
Printed name of Authorized Officer <i>Keith Gabbard</i>			
Title or position of Authorized Officer <i>CEO / General Manager</i>			
Telephone number of Authorized Officer: <i>606-282-7101 ext.</i>			
Study Area Code of Reporting Carrier	<i>260415</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THACKER/GRIGSBY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>William Grigsby</b></p>					
<p>Title or position of Authorized Officer: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>606-785-9500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>260419</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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>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> , ext. _____				
Study Area Code of Reporting Carrier	<b>260421</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CAMERON TEL. CO.-LA</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Petry</b></p>				<p>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel. co.-la, =Sulphur LA 70664-0167, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Bruce Petry</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>337-583-2092</b></p>					
Study Area Code of Reporting Carrier	<b>270425</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAMPTI-PLEASANT HILL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tom Edens</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/29/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Edens</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">318-352-0014</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270426</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DELCAMBRE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Marcy Landry</span></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: <span style="color: blue;">5/24/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Marcy Landry</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">337-685-2311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270428</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ELIZABETH TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Petry</b></p>				<p>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel. co., inc., Sulphur LA 70664-0167, Date:5/16/2019</p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Bruce Petry</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>337-583-2092</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>270430</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KAPLAN TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Richard Constantin</b></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: <span style="color: blue;">Richard Constantin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller/Regulatory Manager</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST LOUISIANA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Mike George</b></p>					
<p>Title or position of Authorized Officer: <b>President / General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>318-874-7011</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>270435</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 ext.			
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STAR TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Jeremy Smith</b></p>				<p>Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=star tel. co., inc.,l=Rockland ID 83271, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Jeremy Smith</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DECATUR TEL. CO., INC.-MS</b></p>					
<p>Signature of Authorized Officer: <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,l=Decatur MS 39327, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Esther Smith, PhD</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>601-635-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280451</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>					



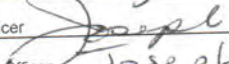
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FRANKLIN TEL. CO., INC.-MS</b></p>					
<p>Signature of Authorized Officer: <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: <b>Tom Griffin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>601-384-3390</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280454</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Georgetown Telephone Co, Inc			Date	5/24/19
Signature of Authorized Officer					
Printed name of Authorized Officer	Joseph Miller				
Title or position of Authorized Officer	Vice President				
Telephone number of Authorized Officer	601.858.2211 ext			Filing Due Date for this form (mm/dd/yyyy)	June 17 2019
Study Area Code of Reporting Carrier	280456				

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAKESIDE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <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.,c=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: <span style="color: blue;">Robert Sledge Jr.</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <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>					

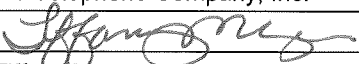
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Noxapater Telephone Company</b>			
Signature of Authorized Officer 			Date <b>May 24, 2019</b>
Printed name of Authorized Officer <b>John Pearce</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: ( <b>601</b> ) <b>764 3171</b> , ext.			
Study Area Code of Reporting Carrier	<b>280461</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SLEDGE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Robert Sledge Jr.</b></p>				<p>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel. co., inc.,c=Sunflower MS 38778, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Robert Sledge Jr.</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>662-569-3311</b></p>					
Study Area Code of Reporting Carrier	<b>280466</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Ardmore Telephone Company, 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, ext.				
Study Area Code of Reporting Carrier	290280		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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEN LOMAND RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Lisa Cope</b></p>				<p><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></p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Lisa Cope</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager / CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>931-668-4131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>290553</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Bledsoe Telephone Cooperative, Inc.</b>				
Signature of Authorized Officer <i>John Lee Downey</i>				Date
Printed name of Authorized Officer <b>John Lee Downey</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(423) 447-2121</b> ext.				
Study Area Code of Reporting Carrier	<b>290554</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DEKALB TEL. COOP, INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Joe Mitchell</span></p>				<p>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</p> <p>Date: <span style="color: blue;">5/29/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Joe Mitchell</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">615-464-2254</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290562</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Highland Telephone Cooperative			
Signature of Authorized Officer 			Date May 28, 2019
Printed name of Authorized Officer G Mark Patterson			
Title or position of Authorized Officer Chief Executive Officer / General Manager			
Telephone number of Authorized Officer: (423) 628-2121			
Study Area Code of Reporting Carrier	290565	Filing Due Date for this form (mm/dd/yyyy)	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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <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>(931) 853-4351</i> ext.			
Study Area Code of Reporting Carrier	<i>290540</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH CENTRAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Johnny McClanahan</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Johnny McClanahan</b></p>					
<p>Title or position of Authorized Officer: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>615-666-2151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>290573</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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>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> , ext. _____			
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE ARTHUR MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Eric Roughton</b></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: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Roughton</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Sec'y/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>419-393-2233</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300586</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AYERSVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Phil Maag</span></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: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Phil Maag</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Sec./Treas. &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-395-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300588</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BASCOM MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Laura Wise</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Laura Wise</b></p>					
<p>Title or position of Authorized Officer: <b>Board Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>419-937-2222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300589</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BENTON RIDGE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Roger Criblez</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant to the CEO/Acting CFO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Buckland Telephone Company</b>				
Signature of Authorized Officer <i>Douglas G. Place</i>				Date <b>05282019</b>
Printed name of Authorized Officer <b>Douglas G. Place</b>				
Title or position of Authorized Officer <b>General Manager</b>				
Telephone number of Authorized Officer: <b>(419) 657-2222</b> ext.				
Study Area Code of Reporting Carrier	<b>300591</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE CHAMPAIGN TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Tiffany Ebersold</b></p>				<p>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co.,l= , Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Tiffany Ebersold</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>937-653-2263</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300594</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCCLURE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Lance Miller</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Lance Miller</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-748-8032</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300598</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CONNEAUT TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Deanna Brown</b></p>				<p>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</p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Deanna Brown</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>440-593-7138</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300606</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DOYLESTOWN TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Brockman</b></p>				<p>Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=tbrockman@doylestowntelephone.com,O=doylestown tel. co., Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Thomas Brockman</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>330-658-2121</b></p>					
Study Area Code of Reporting Carrier	<b>300609</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE FARMERS MUTUAL TEL. CO.-OKOLONA, OH</b></p>					
<p>Signature of Authorized Officer: <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, Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Cheryl Bostelman</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FORT JENNINGS TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Michael Metzger</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>419-286-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300614</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><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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GLANDORF TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>David Hunt</b></p>				<p>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel. co., inc.,c=Glandorf OH 45848, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>David Hunt</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>419-538-6987</b></p>					
Study Area Code of Reporting Carrier	<b>300619</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALIDA TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Chris Phillips</span></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: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Chris Phillips</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-532-3218</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300625</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDDLE POINT HOME TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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=middle point home 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: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300633</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINFORD TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Paula McGraw</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Paula McGraw</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">740-820-2151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300634</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE NEW KNOXVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Preston Meyer</b></p>				<p>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</p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Preston Meyer</b></p>					
<p>Title or position of Authorized Officer: <b>Sales Manager/Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>419-753-2457</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300639</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">THE NOVA TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Charles Mattingly</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE OTTOVILLE MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>William Honigford</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>William Honigford</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>419-453-3324</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300650</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PATTERSONVILLE TEL. CO.-OH</b></p>					
<p>Signature of Authorized Officer: <b>Aaron Jones</b></p>				<p>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel. co.-oh, =Carrollton OH 44615, Date:5/22/2019</p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Aaron Jones</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>330-895-4391</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300651</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RIDGEVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Matthew Eggers</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President, Board of Directors</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-267-5185</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300654</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SHERWOOD MUTUAL TEL. ASSOC.</b></p>					
<p>Signature of Authorized Officer: <b>Richard Rostorfer</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Richard Rostorfer</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>419-899-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300656</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SYCAMORE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Richard Ekleberry II</b></p>				<p>Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycotelco.com,O=sycamore tel. co.,l= , Date:5/29/2019</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Richard Ekleberry II</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>419-927-6012</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300658</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TELEPHONE SERVICE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l= , Date:5/20/2019</p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300659</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAUGHNSVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Martha Kaplan</span></p>				<p><small>Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel. co., inc.,c=Vaughnsville OH 45893-0127, Date:5/24/2019</small></p> <p>Date: <span style="color: blue;">5/24/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Martha Kaplan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager/Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-646-3431</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300663</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WABASH MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Mike Boley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALLBAND COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Ron Siegel</b></p>				<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> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Ron Siegel</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>989-369-9870</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310542</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BARAGA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Paul Stark</b></p>				<p><small>Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga telephone company,l=Baraga MI 49908, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Paul Stark</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>906-353-6644</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310675</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BARRY COUNTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">David Stoll</span></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: <span style="color: blue;">5/29/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Stoll</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">GM/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">269-623-9971</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310676</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BLANCHARD TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Ronald Ray</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Ronald Ray</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>989-561-9932</b></p>					
Study Area Code of Reporting Carrier	<b>310678</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BLOOMINGDALE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Steve Shults</span></p>				<p><small>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomin gdale tel. co.,l=Bloomington MI 49026, Date:5/30/2019</small></p>	
<p>Date: <span style="color: blue;">5/30/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Steve Shults</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">269-521-7313</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310679</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CARR TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Terri Bogner</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">231-898-2244</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310683</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLIMAX TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Heather Haydo</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DEERFIELD FARMERS TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Robert Parisien</b></p>				<p>Digitally signed by Robert Parisien DN:cn=Robert Parisien,email=robert.parisien@d-pcomm.com,O=deerfield farmers tel. co.,l= , Date:5/23/2019</p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Robert Parisien</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>734-279-5514</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310691</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>					

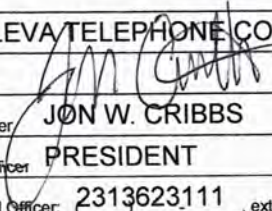
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <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> ext.			
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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ACE TEL. CO. OF MI, INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Todd Roesler</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Todd Roesler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-896-6292</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310704</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <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>CFO / General Manager</i>				
Telephone number of Authorized Officer: <i>(910) 621-3301, ext.</i>				
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MIDWAY TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Camie Nebel-Conklin</b></p>				<p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Camie Nebel-Conklin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>906-387-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310711</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HIAWATHA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Camie Nebel-Conklin</b></p>				<p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha telephone company, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Camie Nebel-Conklin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OGDEN TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Kristen Fisher</b></p>				<p>Digitally signed by Kristen Fisher DN:cn=Kristen Fisher,email=fisher@ogdentel.com,O=ogden tel. co.,l= , Date:5/29/2019</p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Kristen Fisher</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>517-443-5595</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310714</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ONTONAGON COUNTY TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Camie Nebel-Conklin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>906-387-9911</b></p>					
Study Area Code of Reporting Carrier	<b>310717</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PIGEON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Neal Eichler</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Neal Eichler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">989-453-4391</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310721</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SAND CREEK TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Harvey Souders</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGPORT TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Cutler</span></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: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Cutler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">517-857-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310728</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UPPER PENINSULA TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Becky Schetter</span></p>				<p><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></p>	
<p>Date: <span style="color: blue;">5/30/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Becky Schetter</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">906-639-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310732</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WALDRON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Lucinda Bernath</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Lucinda Bernath</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">517-286-6211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310734</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTPHALIA TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Michael Fitzpatrick</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WINN TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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=winn tel. 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: <span style="color: blue;">Mark Graf</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">989-953-9876</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310737</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ACE TEL. CO. OF MICHIGAN, INC. (OLD MISSION)</b></p>					
<p>Signature of Authorized Officer: <b>Todd Roesler</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Todd Roesler</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-896-6292</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310777</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MICHIGAN CENTRAL BROADBAND COMPANY, LLC</b></p>					
<p>Signature of Authorized Officer: <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: <b>Becky Schetter</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BLOOMINGDALE HOME TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Ronja Branson</b></p>				<p>Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomi ngdale home telephone company, inc.,l=Bloomington IN 47832, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Ronja Branson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>765-498-2000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320742</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TEL. CORP.-WARREN</b></p>					
<p>Signature of Authorized Officer: <b>Joan Paxson</b></p>				<p>Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citiznet.com,O=citizens tel. corp.-warren, =Warren IN 46792, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Joan Paxson</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary, Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>260-375-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320751</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLAY CTY. RURAL TEL COOP INC D/B/A ENDEAVOR</b></p>					
<p>Signature of Authorized Officer: <b>Darin LaCoursiere</b></p>				<p>Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darini@weEndeavor.com,O=clay cty. rural tel coop inc d/b/a endeavor, =Cloverdale IN 46120-0237, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Darin LaCoursiere</b></p>					
<p>Title or position of Authorized Officer: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>765-795-4261</b></p>					
Study Area Code of Reporting Carrier	<b>320753</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CRAIGVILLE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Lee Von Gunten</b></p>				<p>Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel. co., inc.,c=Craigville IN 46731, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Lee Von Gunten</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>260-565-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320756</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>DAVIESS-MARTIN CTY. RURAL TEL. DBA RTC COMM.</b></p>					
<p>Signature of Authorized Officer:      <b>Kirk Lehman</b></p>				<p><small>Digitally signed by Kirk Lehman DN:cn=Kirk Lehman,email=klehman@rtccom.com,O=davieess-martin cty. rural tel. dba rtc comm.,l= , Date:5/17/2019</small></p>	
<p>Date:      <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer:      <b>Kirk Lehman</b></p>					
<p>Title or position of Authorized Officer:      <b>CEO/Executive VP</b></p>					
<p>Telephone number of Authorized Officer:      <b>812-486-3211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320759</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GEETINGSVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <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., Date:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Steve Scott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LIGONIER TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Randy Mead</b></p>				<p>Digitally signed by Randy Mead DN:cn=Randy Mead,email=rmead@ligtel.net,O=ligonier tel. co.,l= , Date:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Randy Mead</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>260-894-7161</b></p>					
Study Area Code of Reporting Carrier	<b>320783</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MONON TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanway</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Bruce Hanway</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MULBERRY COOP. TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Randy Maish</span></p>				<p><small>Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop. tel. co., inc.,c=US,ou=mulberry IN 46058-0370, Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Randy Maish</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">765-296-2885</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320792</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEW LISBON TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>John Greene</b></p>				<p>Digitally signed by John Greene DN:cn=John Greene,email=john.greene@nlbc.com,O=new lisbon tel. co., inc., New Lisbon IN 47366, Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>John Greene</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>765-332-2413</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320796</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEW PARIS TEL., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Paul Penrose</b></p>				<p>Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel., inc.,c=New Paris IN 46553-0047, Date:5/30/2019</p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Paul Penrose</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>574-831-7115</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320797</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHWESTERN INDIANA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Long</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Thomas Long</b></p>					
<p>Title or position of Authorized Officer: <b>COO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PERRY-SPENCER RURAL TEL. COOP., INC. DBA PSC</b></p>					
<p>Signature of Authorized Officer: <b>James Dauby</b></p>				<p>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</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>James Dauby</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>812-357-2123</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320807</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PULASKI-WHITE RURAL TEL. COOP.dba LIGHTSTREAM</b></p>					
<p>Signature of Authorized Officer: <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: <b>Brent Gillum</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>574-278-7121</b></p>					
Study Area Code of Reporting Carrier	<b>320813</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCHESTER TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Greta Lynch</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP-Finance</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHEASTERN INDIANA RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Anthony Clark</b></p>				<p><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></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Anthony Clark</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>812-667-5100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320819</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SUNMAN TELECOMM. CORP. dba ENHANCED TELECOMM.</b></p>					
<p>Signature of Authorized Officer: <b>Michael Alig</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Michael Alig</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>812-623-2122</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320825</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SWAYZEE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Timothy Miles</span></p>				<p><small>Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel. co., inc., Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Timothy Miles</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">765-922-7916</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320826</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SWEETSER RURAL TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Scott Winger</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>765-384-4311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320827</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>Washington County Rural Telephone Cooperative 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>812 962-3771</u> ext. _____			
Study Area Code of Reporting Carrier	<u>320834</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>YEOMAN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>David Blacker</b></p>				<p>Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel. co., inc., Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>David Blacker</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>574-965-2100</b></p>					
Study Area Code of Reporting Carrier	<b>320839</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>AMERY TELCOM, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Michael Jensen</b></p>				<p>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc., Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Michael Jensen</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-268-7101</b></p>					
Study Area Code of Reporting Carrier	<b>330842</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AMHERST TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Carl Bohman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-824-5529</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330843</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BALDWIN TELCOM., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Matt Sparks</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Matt Sparks</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-684-1055</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330846</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BELMONT TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Deb Egli</span></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: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Deb Egli</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-744-3500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330847</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BERGEN TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Brad Ellefson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BLOOMER TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Kent Klima</b></p>				<p>Digitally signed by Kent Klima DN:cn=Kent Klima,email=kent.klima@bloomer.net,O=bloomer tel. co.,l= , Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kent Klima</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-568-4830</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330850</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BRUCE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>John Manosky</b></p>				<p>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc., Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>John Manosky</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-868-5111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330855</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHEQUAMEGON COMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Robert Thompson</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Robert Thompson</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>715-798-3303</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330860</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHIBARDUN TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>N. Scott Behn</b></p>				<p><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></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer: <b>N. Scott Behn</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>715-458-5400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330861</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TEL. COOP., INC.-WI</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Bachman</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Bachman</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-237-2605</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330863</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLEAR LAKE TEL. CO., INC.-WI</b></p>					
<p>Signature of Authorized Officer: <b>Tim Kusilek</b></p>				<p>Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake tel. co., inc.-wi,l=Clear Lake WI 54005, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Tim Kusilek</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-263-2755</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330865</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COCHRANE COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Gina Tomlinson</b></p>				<p>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mwt.net,O=cochrane coop. tel. co.,l=Cochrane WI 54622-0189, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Gina Tomlinson</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COON VALLEY FARMERS TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Carol Olson</b></p>				<p><small>Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers tel. co., inc.,c=Coon Valley WI 54623-0398, Date:5/17/2019</small></p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Carol Olson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>608-452-3101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330868</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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CUBA CITY TEL. EXCH. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Deb Egli</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Deb Egli</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-744-3500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330872</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS IND. TEL. CO.-WI</b></p>					
<p>Signature of Authorized Officer: <b>Mark Anderson</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Anderson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager and Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>715-463-5322</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330879</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HILLSBORO TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Carla Shaker</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer/Office Mgr.</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LAKEFIELD TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Robert Webb</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Robert Webb</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer: <b>920-617-7351</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330896</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA VALLE TEL. COOP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Rockweiler</span></p>				<p><small>Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=ltc@mwt.net,O=la valle tel. coop.,l=La Valle WI 53941, Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gregory Rockweiler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-985-7201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330899</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEMONWEIR VALLEY TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Donna Rezin</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/21/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Donna Rezin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LAKELAND COMMUNICATIONS GROUP, LLC-LUCK</b></p>					
<p>Signature of Authorized Officer: <b>Crystal Morley</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Crystal Morley</b></p>					
<p>Title or position of Authorized Officer: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-825-5105</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330902</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MANAWA TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Justin Huebner</b></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: <span style="color: blue;">Justin Huebner</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-421-8140</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330905</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARQUETTE-ADAMS TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jerry Schneider</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/29/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jerry Schneider</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-586-4111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330908</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LAKELAND COMMUNICATIONS GROUP, LLC-MILLTOWN</b></p>					
<p>Signature of Authorized Officer: <b>Crystal Morley</b></p>				<p>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland communications group, llc-milltown, =Milltown WI 54858, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Crystal Morley</b></p>					
<p>Title or position of Authorized Officer: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-825-5105</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330910</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NELSON COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Christy Berger</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Christy Berger</b></p>					
<p>Title or position of Authorized Officer: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>715-672-4204</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330918</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NIAGARA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Robert Webb</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Robert Webb</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer: <b>920-617-7351</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330920</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BAYLAND TELEPHONE, LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Webb</span></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: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Webb</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President/COO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">920-617-7351</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330925</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PRICE COUNTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Robert Thompson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Robert Webb</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Robert Webb</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RICHLAND-GRANT TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>John Bartz</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>John Bartz</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>608-537-2461</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330942</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SHARON TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Brad Ellefson</b></p>				<p><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></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Brad Ellefson</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>262-736-9981</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330946</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SIREN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Sid Sherstad</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Sid Sherstad</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>715-349-2224</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330949</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOMERSET TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <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., Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Michael Jensen</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-268-7101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330951</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SPRING VALLEY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Carol Anderson</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Carol Anderson</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant Manager/Secretary</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Cheryl Rue</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Cheryl Rue</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>715-695-2691</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330960</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UNION TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Katherine Kehl</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Katherine Kehl</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-335-6301</span></p>					
Study Area Code of Reporting Carrier	330962		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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VERNON COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Rodney Olson</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Rodney Olson</b></p>					
<p>Title or position of Authorized Officer: <b>CEO &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>608-634-7421</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330966</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WEST WISCONSIN TELCOM COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Mark Stenseth</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Stenseth</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-664-8311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330971</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WITTENBERG TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Linda Garbelman</span></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: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Linda Garbelman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-253-2115</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330973</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WOOD COUNTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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=wood county tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/30/2019</small></p> <p>Date: <span style="color: blue;">5/30/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Justin Huebner</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-421-8140</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330974</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ADAMS TEL. COOP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">James Broemmer Jr.</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/16/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">James Broemmer Jr.</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALHAMBRA - GRANTFORK TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>Kevin Osterbur</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CAMBRIDGE TEL. CO.-IL</b></p>					
<p>Signature of Authorized Officer: <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: <b>Scott Rubins</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President Management Services</b></p>					
<p>Telephone number of Authorized Officer: <b>309-944-2103</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>340983</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CASS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Tom Allen</b></p>				<p>Digitally signed by Tom Allen DN:cn=Tom Allen,email=tom.allen@casscabletv.com,O=cass telephone company, Virginia IL 62691, Date:5/21/2019</p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Tom Allen</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the <u>CAF ICC Data Reported</u>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>CLARKSVILLE MUTAL TELEPHONE COMPANY</u>			
Signature of Authorized Officer <u>Patricia Rhoads</u>		Date <u>5-25-19</u>	
Printed name of Authorized Officer <u>PATRICIA RHODS</u>			
Title or position of Authorized Officer <u>SECRETARY - TREASURER</u>			
Telephone number of Authorized Officer: <u>217, 889-2822</u>			
Study Area Code of Reporting Carrier	<u>340990</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CROSSVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Chris Birkla</b></p>				<p>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</p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Chris Birkla</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant Secretary/Treasurer/General Mg</b></p>					
<p>Telephone number of Authorized Officer: <b>618-966-2196</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>340993</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EGYPTIAN TEL. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">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: <span style="color: blue;">Kevin Jacobsen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">618-774-1000</span></p>					
Study Area Code of Reporting Carrier	<span style="color: blue;">341003</span>		Filing Due Date for this form (mm/dd/yyyy)	<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FLAT ROCK TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Jacobsen</b></p>				<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> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Kevin Jacobsen</b></p>					
<p>Title or position of Authorized Officer: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>618-774-1000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341012</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GENESEO TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Scott Rubins</b></p>				<p><small>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</small></p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Scott Rubins</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President Management Services</b></p>					
<p>Telephone number of Authorized Officer: <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><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>					

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

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

Name of Reporting Carrier **Glasford Telephone Company**

Signature of Authorized Officer

*Duane R. Goetze*

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRAFTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Leigh Sickinger</span></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: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Leigh Sickinger</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">618-786-3400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341020</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 THE REPORTING CARRIER,


Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		Grandview Mutual Telephone	
Signature of Authorized Officer		Date 5-17-2019	
Printed name of Authorized Officer		Angela Tate	
Title or position of Authorized Officer		TREASURER	
Telephone number of Authorized Officer: 2794 961 ext.		Filing Due Date for this form (mm/dd/yyyy)	
Study Area Code of Reporting Carrier 341021		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRIDLEY TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Herb Flesher</b></p>				<p>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</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Herb Flesher</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>309-747-3780</b></p>					
Study Area Code of Reporting Carrier	<b>341023</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Hamilton County Telephone Co-op</u>			
Signature of Authorized Officer 			Date <u>5-17-19</u>
Printed name of Authorized Officer <u>Kevin Pyle</u>			
Title or position of Authorized Officer <u>GM/EVP</u>			
Telephone number of Authorized Officer: <u>(618) 736-2211</u> ext. <u>        </u>			
Study Area Code of Reporting Carrier	<u>341024</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/18/2018</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SHAWNEE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>James Grisham</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HENRY COUNTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Scott Rubins</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/23/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Scott Rubins</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President Management Services</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">309-944-2103</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341029</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KINSMAN MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Michelle Baudino</b></p>				<p><small>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</small></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Michelle Baudino</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>815-392-4210</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341041</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA HARPE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Todd Irish</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Todd Irish</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">217-659-7721</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341043</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LEAF RIVER TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Aaron Palmer</b></p>				<p>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</p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Aaron Palmer</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>815-738-2216</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341045</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LEONORE MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Donna Naas</b></p>				<p>Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmtd@lmtd.net,O=leonore mutual tel. co.,l=Leonore IL 61332, Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Donna Naas</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MCDONOUGH TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Jay Griswold</b></p>				<p>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</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Jay Griswold</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCNABB TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Roger Pletsch</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/29/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Roger Pletsch</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">815-882-2201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341048</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MADISON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mary Schwartz</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mary Schwartz</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">618-635-5000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341049</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MARSEILLES TEL. CO. OF MARS.</b></p>					
<p>Signature of Authorized Officer: <b>Ann Dickerson</b></p>				<p>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</p>	
<p>Date: <b>5/27/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Ann Dickerson</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">METAMORA TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ann Dickerson</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/27/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ann Dickerson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">309-367-4197</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341053</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MID CENTURY TELEPHONE CO-OPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>James Broemmer, Jr.</b></p>				<p>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: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>James Broemmer, Jr.</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>309-778-8611</b></p>					
Study Area Code of Reporting Carrier	<b>341054</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MONTROSE MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Barry Adair</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">EVP/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">618-665-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341058</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 THE REPORTING CARRIER.


<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOULTRIE INDEPENDENT TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>James Grisham</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>James Grisham</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>618-276-4211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341060</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				NEW WINDSOR TEL, CO.	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			KIRBY WILLEMS		
Title or position of Authorized Officer			SECRETARY		
Telephone number of Authorized Officer: (309) 667-2712 ext. _____					
Study Area Code of Reporting Carrier		341062	Filing Due Date for this form (mm/dd/yyyy)		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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ONEIDA TEL. EXCHANGE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gary Peterson</span></p>				<p><small>Digitally signed by Gary Peterson DN:cn=Gary Peterson,email=wins5@winco.net,O=oneida tel. exchange, = , Date:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gary Peterson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">309-483-6418</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341066</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>REYNOLDS TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Jace Taylor</b></p>				<p>Digitally signed by Jace Taylor DN:cn=Jace Taylor,email=jataylor@reynel.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: <b>Jace Taylor</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>309-372-4214</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341075</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>					

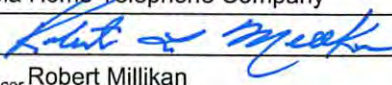
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TONICA TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Lloyd Vogel</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WABASH TEL COOP, INC. DBA WABASH COMM CO-OP</b></p>					
<p>Signature of Authorized Officer: <b>Barry Adair</b></p>				<p>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=wabash tel coop, inc. dba wabash comm co-op,l=Louisville IL 62858, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Barry Adair</b></p>					
<p>Title or position of Authorized Officer: <b>EVP/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>618-665-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341088</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WOODHULL TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Philip Wirt</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Philip Wirt</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">309-334-2150</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341091</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STELLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Candice Chaffee</b></p>					
<p>Title or position of Authorized Officer: <b>Financial /Admin Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>815-256-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341092</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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>REASNOR TELEPHONE COMPANY, LLC</b></p>					
<p>Signature of Authorized Officer: <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,lc=Sully IA 50251, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Michael Hatfield</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>817-509-1228</b></p>					
Study Area Code of Reporting Carrier	<b>350739</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ANDREW TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer:      <b>JoAnne Gregorich</b></p>				<p>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</p>	
<p>Date:      <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer:      <b>JoAnne Gregorich</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>563-773-2213</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351097</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Armadillo Telephone Cooperative</u>			
Signature of Authorized Officer <u>[Signature]</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) 689-2258 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ATKINS TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Gerald Spaight</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager / Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>319-446-7331</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351101</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>AYRSHIRE FMRS. MUT. TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Donald Miller</b></p>				<p>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</p>	
<p>Date:      <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer:      <b>Donald Miller</b></p>					
<p>Title or position of Authorized Officer:      <b>Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>712-776-2222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351105</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALPINE COMMUNICATIONS, L.C.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Chris Hopp</span></p>				<p><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></p>	
<p>Date: <span style="color: blue;">5/20/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Chris Hopp</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-245-4480</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351106</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BALDWIN-NASHVILLE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <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., Baldwin IA 52207-0050, Date:5/17/2019</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Brian Rickels</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-673-6001</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351107</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BARNES CITY COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Doris Freeborn</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Doris Freeborn</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>641-644-5214</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351108</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BERNARD TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Kyle Manders</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kyle Manders</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-879-3203</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351110</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BREDA TEL. CORPORATION</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Skinner</b></p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=ksskinner@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: <b>Kevin Skinner</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-673-2311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351112</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BROOKLYN MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Tim Atkinson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>641-522-9211</b></p>					
Study Area Code of Reporting Carrier	<b>351113</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TITONKA TEL. CO. DBA TITONKA-BURT COMM (BURT)</b></p>					
<p>Signature of Authorized Officer: <b>Vicky Nelson</b></p>				<p>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</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Vicky Nelson</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BUTLER-BREMER MUT. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Richard McBurney</b></p>				<p><small>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</small></p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Richard McBurney</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>319-276-4458</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351115</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CASCADE COMMUNICATIONS COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>David Gibson</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>David Gibson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>563-852-3710</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351118</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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Casey Mutual Telephone Company</b>			
Signature of Authorized Officer <i>John Breining</i>			Date <b>5/24/2019</b>
Printed name of Authorized Officer <b>John Breining</b>			
Title or position of Authorized Officer <b>General Manager</b>			
Telephone number of Authorized Officer: <b>(641) 746-2222</b> , ext.			
Study Area Code of Reporting Carrier	<b>351119</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASEY MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Breining</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/29/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Breining</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-746-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351119</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTER JUNCTION TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Russ Benke</b></p>				<p>Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=center junction tel. co., inc., e=Center Junction IA 52212, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Russ Benke</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL SCOTT TEL.</b></p>					
<p>Signature of Authorized Officer: <b>Kent Dau</b></p>				<p>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</p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Kent Dau</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>563-285-9611</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351125</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CITIZENS MUTUAL TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Joe Snyder</b></p>				<p>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</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Joe Snyder</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>641-664-2074</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351129</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLARENCE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Chad Fall</b></p>				<p>Digitally signed by Chad Fall DN:cn=Chad Fall,email=ctcmanager@netins.net,O=clarence tel. co., inc., =Clarence IA 52216, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Chad Fall</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-452-3852</b></p>					
Study Area Code of Reporting Carrier	<b>351130</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLEAR LAKE INDP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Thomas Lovell</span></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: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Lovell</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-357-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351132</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">C-M-L TEL. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bruce Johnson</span></p>				<p><small>Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cm1telco@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: <span style="color: blue;">Bruce Johnson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-443-8222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351133</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLO TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Larry Springer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <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>					

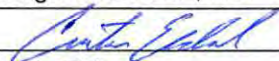
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Shellsburg Cablevision, Inc.**

Signature of Authorized Officer



Date **May 31, 2019**

Printed name of Authorized Officer **Curtis Eldred**

Title or position of Authorized Officer **General Manger**

Telephone number of Authorized Officer: **(319) 436-2224**, ext.

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Coon Valley Cooperative Telephone Assn. Inc.</u>			
Signature of Authorized Officer <u>Jim Nelson</u>			Date <u>5-23-2019</u>
Printed name of Authorized Officer <u>Jim Nelson</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: ( <u>641</u> ) <u>524-2111</u> ext. <u>    </u>			
Study Area Code of Reporting Carrier	<u>351137</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Scott Schabacker</b></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: <span style="color: blue;">Scott Schabacker</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Operating Officer/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CORN BELT TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Lee Wuebker</b></p>				<p>Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=cornbelt@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: <b>Lee Wuebker</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CUMBERLAND TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Vickie Adams</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Vickie Adams</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>712-774-2221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351146</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DANVILLE MUT. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Timothy FencI</b></p>				<p>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</p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Timothy FencI</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>319-392-4251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351147</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOPERATIVE TEL CO (DEFIANCE)</b></p>					
<p>Signature of Authorized Officer: <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: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DIXON ACQUISITION, LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kent Dau</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kent Dau</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-285-9611</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351150</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUMONT TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Roger Kregel</b></p>				<p>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</p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Roger Kregel</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>641-857-3211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351152</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUNKERTON TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Sue Bruns</b></p>				<p>Digitally signed by Sue Bruns DN:cn=Sue Bruns,email=sue@dunkerton.net,O=dunkerton tel. coop., inc.,c=Dunkerton IA 50626, Date:5/16/2019</p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Sue Bruns</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-822-4512</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351153</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>EAST BUCHANAN TEL. COOP.</b></p>					
<p>Signature of Authorized Officer: <b>Butch Rorabaugh</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Butch Rorabaugh</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELLSWORTH COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Joshua Angove</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MINBURN TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Debra Lucht</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Debra Lucht</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>515-677-2264</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351158</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>F&amp;B COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Kenneth Laursen</b></p>				<p>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</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kenneth Laursen</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>563-374-1236</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351160</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS COOP. TEL. CO.-DYSART</b></p>					
<p>Signature of Authorized Officer: <b>Shelly Franzenburg</b></p>				<p>Digitally signed by Shelly Franzenburg DN:cn=Shelly Franzenburg,email=sfranzenburg@ftc.coop,O=farmers coop.tel.co.-dysart,l=Dysart IA 52224-0280, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Shelly Franzenburg</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-476-7800</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351162</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS &amp; MERCHANTS MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Susie Stalder</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Susie Stalder</b></p>					
<p>Title or position of Authorized Officer: <b>Operations Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-256-2736</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351166</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP TEL CO- HARLAN</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Conry</b></p>				<p><small>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</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-744-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351168</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP. TEL. CO.-MOULTON</b></p>					
<p>Signature of Authorized Officer: <b>Tammy Wheeler</b></p>				<p>Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop. tel. co.-moulton, =Moulton IA 52572, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Tammy Wheeler</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. CO.-JESUP</b></p>					
<p>Signature of Authorized Officer: <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: <b>Tony Lang</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. CO.-NORA SPRINGS</b></p>					
<p>Signature of Authorized Officer: <b>Josh Hveem</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer: <b>COO</b></p>					
<p>Telephone number of Authorized Officer: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351172</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. COOP.-SHELLSBURG</b></p>					
<p>Signature of Authorized Officer: <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: <b>Curtis Eldred</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Cabbage</b></p>				<p>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.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: <b>Kevin Cabbage</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL. CO.-BATAVIA</b></p>					
<p>Signature of Authorized Officer: <b>Joe Snyder</b></p>				<p>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</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Joe Snyder</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>641-664-2074</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351175</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL. CO.-ESSEX</b></p>					
<p>Signature of Authorized Officer: <b>Tim Hill</b></p>				<p>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel. co.-essex, E=Essex IA 51638, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Tim Hill</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL. CO.-RICEVILLE</b></p>					
<p>Signature of Authorized Officer: <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: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer: <b>COO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Fenton Co-op Tel. Co.</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>5-24-19</u>
Printed name of Authorized Officer <u>Steven C. Longhenry</u>			
Title or position of Authorized Officer <u>GM</u>			
Telephone number of Authorized Officer: ( ) - ext. <u>515-889-0785</u>			
Study Area Code of Reporting Carrier	<u>351179</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. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PARTNER COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Arthur Cooper</b></p>				<p>Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=tophog@partnercom.net,O=partner communications cooperative,  = , Date:5/21/2019</p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Arthur Cooper</b></p>					
<p>Title or position of Authorized Officer: <b>Board President</b></p>					
<p>Telephone number of Authorized Officer: <b>641-498-7701</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351187</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDFIELD TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Jared Johnson</b></p>				<p>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</p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Jared Johnson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>515-825-3766</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351188</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRAND MOUND COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer: <b>Travis Ballou</b></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: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Travis Ballou</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-847-3000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351191</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRISWOLD COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Amy McLaren</b></p>				<p>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</p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Amy McLaren</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>712-778-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351195</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HAWKEYE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>David Byers</b></p>					
<p>Title or position of Authorized Officer: <b>COO/Assistant Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>563-539-2122</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351199</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOSPERS TEL. EXCHANGE, INC.</b></p>					
<p>Signature of Authorized Officer: <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:5/19/2019</p>	
<p>Date: <b>5/19/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Doug Boone</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>712-722-3451</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351202</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HUBBARD COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer: <b>David Lowe</b></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: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer: <b>David Lowe</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>641-864-2216</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351203</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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HUXLEY COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Gary Clark</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Gary Clark</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager and Executive VP</b></p>					
<p>Telephone number of Authorized Officer: <b>515-597-2281</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351205</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">IAMO TEL. CO.-IA</span></p>					
<p>Signature of Authorized Officer: <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,= , Date:5/22/2019</small></p> <p>Date: <span style="color: blue;">5/22/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Steinolfson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FMTC-I35, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Josh Hveem</b></p>				<p>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</p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer: <b>COO</b></p>					
<p>Telephone number of Authorized Officer: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351209</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">JORDAN SOLDIER VALLEY TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Paul Bergmann</span></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: <span style="color: blue;">5/22/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Paul Bergmann</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-271-5535</span></p>					
Study Area Code of Reporting Carrier	351213		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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALONA COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Casey Peck</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KEYSTONE FRMS. COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Byran Kimm</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Byran Kimm</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-442-3241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351217</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA PORTE CITY TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Chris Hopp</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive Secretary</span></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LA MOTTE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>JoAnne Gregorich</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>JoAnne Gregorich</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-773-2213</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351222</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEHIGH VALLEY COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jim Suchan</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jim Suchan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">515-359-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351225</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LONE ROCK COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Dan Meyer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOST NATION-ELWOOD TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Jan Muhl</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-678-2470</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351229</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST IOWA TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>David Byers</b></p>				<p><small>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</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer: <b>David Byers</b></p>					
<p>Title or position of Authorized Officer: <b>COO/Assistant Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>563-539-2122</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351230</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LYNNVILLE TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer: <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,   = , Date: 5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Christopher Ulmer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOPERATIVE TEL CO (MANILLA)</b></p>					
<p>Signature of Authorized Officer: <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: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MARNE &amp; ELK HORN TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Janell Hansen</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Janell Hansen</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-764-6161</b></p>					
Study Area Code of Reporting Carrier	<b>351237</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MARTELLE COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer: <b>Hans Arwine</b></p>				<p><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></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Hans Arwine</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-432-7221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351238</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MASSENA TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mike Klocke</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/24/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mike Klocke</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-779-2227</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351239</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MECHANICSVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Hans Arwine</b></p>				<p><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></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Hans Arwine</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-432-7221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351241</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Miles Cooperative Telephone Association</u>			
Signature of Authorized Officer <u>Scott Boehde</u>			Date <u>5/24/19</u>
Printed name of Authorized Officer <u>Scott Boehde</u>			
Title or position of Authorized Officer <u>General Manager / Compliance Officer</u>			
Telephone number of Authorized Officer: <u>(563) 682-7111 ext.</u>			
Study Area Code of Reporting Carrier	<u>351242</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MINBURN TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Debra Lucht</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>515-677-2264</b></p>					
Study Area Code of Reporting Carrier	<b>351245</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINERVA VALLEY TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Levi Bappe</span></p>				<p><small>Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvitv@netins.net,O=minerva valley tel. co., inc.,c=Zearing IA 50278-0176, Date:5/24/2019</small></p> <p>Date: <span style="color: blue;">5/24/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Levi Bappe</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-487-7399</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351246</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MODERN COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jeffrey Brower</span></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: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jeffrey Brower</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/COO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-667-2375</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351247</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MUTUAL TEL. CO. OF MORNING SUN</b></p>					
<p>Signature of Authorized Officer: <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: <b>Randy Foor</b></p>					
<p>Title or position of Authorized Officer: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>319-868-7636</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351250</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MEDIAPOLIS TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Angie Rupe</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager &amp; CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>319-394-3456</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351251</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH ENGLISH COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Reed Ostenberg</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Reed Ostenberg</b></p>					
<p>Title or position of Authorized Officer: <b>COO</b></p>					
<p>Telephone number of Authorized Officer: <b>319-664-3821</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351257</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHWEST IOWA TELEPHONE, LLC</b></p>					
<p>Signature of Authorized Officer: <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: <b>Paul Bergmann</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>712-271-5535</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351260</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHWEST TEL. COOP.</b></p>					
<p>Signature of Authorized Officer: <b>Donald Miller</b></p>				<p>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel. coop.,l= , Date:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Donald Miller</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-776-2222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351261</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COMMUNICATIONS 1 NETWORK, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Randy Yeakel</b></p>				<p>Digitally signed by Randy Yeakel DN: cn=Randy Yeakel, email=ryeakel@comm1net.net, O=communications 1 network, inc., c=Kanawha IA 50447, Date: 5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Randy Yeakel</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>641-762-3772</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351262</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OGDEN TEL. CO.-IA</b></p>					
<p>Signature of Authorized Officer: <b>James Heckman</b></p>				<p>Digitally signed by James Heckman DN:cn=James Heckman,email=ogdenteljim@netins.net,O=ogden tel. co. -ia,1=Ogden IA 50212, Date:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>James Heckman</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager / Executive VP</b></p>					
<p>Telephone number of Authorized Officer: <b>515-275-2050</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351263</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OLIN TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Frank Wood</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-484-2200</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351264</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ONSLow COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer:      <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:      <b>Russ Benke</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>563-485-2833</b></p>					
Study Area Code of Reporting Carrier	<b>351265</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ORAN MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Barb Gruetzmacher</b></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: <span style="color: blue;">Barb Gruetzmacher</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PALO COOPERATIVE TELEPHONE ASSOCIATION</b></p>					
<p>Signature of Authorized Officer: <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: <b>Erin Petersen</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-851-3431</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351269</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PALMER MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Andy Peterson</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Andy Peterson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-359-2411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351270</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PANORA COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Andrew Randol</b></p>				<p>Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panorateelco.com,O=panora communications cooperative,l=Panora IA 50216, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Andrew Randol</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>641-755-2424</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351271</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TEL. CO.-IA</b></p>					
<p>Signature of Authorized Officer: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel. co.-ia, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351273</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PRAIRIEBURG TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>LaRae Reichenauer</b></p>				<p>Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel. co., inc., Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>LaRae Reichenauer</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>319-437-3611</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351275</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PRESTON TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>MaryBeth Heister</b></p>				<p>Digitally signed by MaryBeth Heister DN:cn=MaryBeth Heister,email=rogerak@prestonel.com,O=preston tel. co.,l=Preston IA 52069-0167, Date:5/21/2019</p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>MaryBeth Heister</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RADCLIFFE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Edwin Drake</span></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: <span style="color: blue;">5/22/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Edwin Drake</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">515-899-2341</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351277</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RINGSTED TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Aaron McCartan</b></p>				<p>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</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Aaron McCartan</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCKWELL COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>David Severin</b></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: <span style="color: blue;">David Severin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Mgr/Assist Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROYAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">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: <span style="color: blue;">John Noah</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CCO</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SAC COUNTY MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Ronald Sorensen</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Ronald Sorensen</b></p>					
<p>Title or position of Authorized Officer: <b>Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>712-668-2200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351285</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SCHALLER TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Missy Kestel</b></p>				<p>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</p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Missy Kestel</b></p>					
<p>Title or position of Authorized Officer: <b>Accounting General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>SEARSBORO TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Christopher Ulmer</b></p>				<p>Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=searsboro tel. co.,l=, Date:5/16/2019</p>	
<p>Date:      <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer:      <b>Christopher Ulmer</b></p>					
<p>Title or position of Authorized Officer:      <b>Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>610-928-3903</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351292</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHARON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Schneider, Jr.</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: <span style="color: blue;">Robert Schneider, Jr.</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SCRANTON TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Allen Jacob</b></p>				<p>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</p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Allen Jacob</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>712-652-3355</b></p>					
Study Area Code of Reporting Carrier	<b>351294</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HEART OF IOWA COMMUNICATIONS COOP.</b></p>					
<p>Signature of Authorized Officer: <b>Bryan Amundson</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Bryan Amundson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH SLOPE COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Chuck Deisbeck</b></p>				<p>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</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Chuck Deisbeck</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>319-626-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351298</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FMTc-I35, INC. (SWT)</b></p>					
<p>Signature of Authorized Officer: <b>Josh Hveem</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer: <b>COO</b></p>					
<p>Telephone number of Authorized Officer: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351301</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGVILLE COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Jean Schilling</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Cooperative Telephone Exchange				
Signature of Authorized Officer 				Date 5/21/2019
Printed name of Authorized Officer Richard Heeren				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (515) 826-3206 ext.				
Study Area Code of Reporting Carrier	351303		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH SLOPE COOP TEL CO-SWISHER</b></p>					
<p>Signature of Authorized Officer: <b>Chuck Deisbeck</b></p>				<p>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop tel co-swisher, =North Liberty IA 52317, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Chuck Deisbeck</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>319-626-2211</b></p>					
Study Area Code of Reporting Carrier	<b>351304</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>STRATFORD MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Jen Frank</b></p>				<p>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</p>	
<p>Date:      <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer:      <b>Jen Frank</b></p>					
<p>Title or position of Authorized Officer:      <b>Assistant Secretary/Office Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>515-838-2390</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351305</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SULLY TEL. ASSOC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Earl "Jack" De Angelo</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Earl "Jack" De Angelo</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-594-2905</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351306</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SUPERIOR TEL. COOP.</span></p>					
<p>Signature of Authorized Officer: <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.,l=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: <span style="color: blue;">Cheryl Noble</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-858-4591</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351307</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Templeton Telephone Company			
Signature of Authorized Officer: <i>Patricia Snyder</i>			Date: 5/16/2019
Printed name of Authorized Officer: Patricia Snyder			
Title or position of Authorized Officer: GM			
Telephone number of Authorized Officer: (712) 669-3311 ext.			
Study Area Code of Reporting Carrier	351308	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.

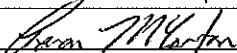
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TERRIL TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>John Noah</b></p>				<p>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril telephone cooperative, =Terral IA 51364, Date:5/17/2019</p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer: <b>John Noah</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CCO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-853-1300</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351309</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TITONKA TEL. CO. DBA TITONKA-BURT COMM</b></p>					
<p>Signature of Authorized Officer: <b>Vicky Nelson</b></p>				<p>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka tel. co. dba titonka-burt comm, T=Titonka IA 50480-0321, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Vicky Nelson</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Titonka Telephone Company</b>			
Signature of Authorized Officer 			Date <b>07/10/2019</b>
Printed name of Authorized Officer <b>Aaron McCartan</b>			
Title or position of Authorized Officer <b>General Manager</b>			
Telephone number of Authorized Officer: <b>(515) 928-2110</b> ext. _____			
Study Area Code of Reporting Carrier	<b>351310</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>July 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>UNITED FARMERS TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Roxanne White</b></p>				<p>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</p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Roxanne White</b></p>					
<p>Title or position of Authorized Officer: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>712-834-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351316</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAN BUREN TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Monte Hagge</span></p>				<p><small>Digitally signed by Monte Hagge DN:cn=Monte Hagge,email=montehagge@netins.net,O=van buren tel. co., inc., Date:5/20/2019</small></p>	
<p>Date: <span style="color: blue;">5/20/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Monte Hagge</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-293-3187</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351319</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAN HORNE COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Kerry Less</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO - Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-228-8791</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351320</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VENTURA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Lovell</b></p>				<p>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel. co., inc.,c=Clear Lake IA 50428-0066, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Thomas Lovell</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>641-357-2111</b></p>					
Study Area Code of Reporting Carrier	<b>351322</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Cabbage</b></p>				<p>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.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: <b>Kevin Cabbage</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WALNUT TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Janell Hansen</b></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: <span style="color: blue;">Janell Hansen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WEBSTER-CALHOUN COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Daryl Carlson</b></p>					
<p>Title or position of Authorized Officer: <b>Executive Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>515-352-3151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351328</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WELLMAN COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Jayne Hochstedler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-646-6075</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351329</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST IOWA TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Robert Gannon</b></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: <span style="color: blue;">Robert Gannon</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-786-5572</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351331</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WEST LIBERTY TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Jerry Melick</b></p>				<p>Digitally signed by Jerry Melick DN:cn=Jerry Melick,email=jsmelick@corp.lcom.net,O=west liberty tel. co.,l= , Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Jerry Melick</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-627-2145</b></p>					
Study Area Code of Reporting Carrier	<b>351332</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN IOWA TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Heath Mallory</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Heath Mallory</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-944-5711</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351334</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>WESTSIDE INDP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Kevin Skinner</b></p>				<p><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></p>	
<p>Date:      <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer:      <b>Kevin Skinner</b></p>					
<p>Title or position of Authorized Officer:      <b>CFO</b></p>					
<p>Telephone number of Authorized Officer:      <b>712-673-2311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351335</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Stacie Harris</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CFO</span></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WOOLSTOCK MUT. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Chris Simmons</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/22/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Chris Simmons</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">515-839-5571</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351342</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WYOMING MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Debra Williams</b></p>				<p><small>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</small></p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Debra Williams</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager/Board Secretary</b></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PRAIRIE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kevin Skinner</span></p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=prairie tel. co., inc.,c=Breda IA 51436-0109, Date:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Skinner</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-673-2311</span></p>					
Study Area Code of Reporting Carrier	351344		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE COMM. COOPERATIVE, INC.-HILLS IA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/22/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-594-8228</span></p>					
Study Area Code of Reporting Carrier	351405		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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KILLDUFF TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Christopher Ulmer</b></p>				<p><small>Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=killduff telephone company, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Christopher Ulmer</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>610-928-3903</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351407</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MABEL COOP. TEL. CO.-IA</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Julie Kolka</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-493-5411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351424</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALBANY MUTUAL TEL. ASSN., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Steven Katka</span></p>				<p><small>Digitally signed by Steven Katka DN:cn=Steven Katka,email=steve.katka@albanytel.net,O=albany mutual tel. assn., 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: <span style="color: blue;">Steven Katka</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-845-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361347</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WILDERNESS VALLEY TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Shane Young</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITY OF BARNESVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Guy Swenson</span></p>				<p><small>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</small></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Guy Swenson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">TEC Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-354-2292</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361353</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BENTON COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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., = , Date: 5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Cheryl Scapanski</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CALLAWAY TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361365</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLARA CITY TEL. EXCH. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361370</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLEMENTS TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel. co.,l= , Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361372</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TEL. CO.-MN</b></p>					
<p>Signature of Authorized Officer: <b>Mark Roach</b></p>				<p>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</p> <p>Date: <b>5/19/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Mark Roach</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-454-1104</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361373</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUNNELL TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Charles Mattingly</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Charles Mattingly</b></p>					
<p>Title or position of Authorized Officer: <b>Managing Member</b></p>					
<p>Telephone number of Authorized Officer: <b>903-663-0099</b></p>					
Study Area Code of Reporting Carrier	<b>361381</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EMILY COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Josh Netland</b></span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Josh Netland</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-763-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361387</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. CO.-BELLINGHAM</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Beyer</b></p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel. co.-bellingham,/= , Date:5/23/2019</small></p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>320-568-2105</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361389</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FEDERATED TEL. COOP.</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Beyer</b></p>				<p>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</p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>320-324-7111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361390</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		Garden Valley Technologies	
Signature of Authorized Officer		Date 05/22/2019	
Printed name of Authorized Officer		Tim Brinkman	
Title or position of Authorized Officer		CEO/General Manager	
Telephone number of Authorized Officer:		(218) 687-2400 ext.	
Study Area Code of Reporting Carrier	361395	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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GARDONVILLE COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">David Wolf</span></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: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Wolf</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-524-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361396</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HALSTAD TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Forseth</span></p>				<p><small>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</small></p>	
<p>Date: <span style="color: blue;">5/23/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Forseth</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-456-2125</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361401</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FEDERATED TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Beyer</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>320-324-7111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361403</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HARMONY TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Jill Fishbaugher</b></p>				<p>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</p> <p>Date: <b>5/19/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Jill Fishbaugher</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>507-498-3456</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361404</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE COMM. COOPERATIVE, INC.-HILLS MN</b></p>					
<p>Signature of Authorized Officer: <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 mn,l=Garretson SD 57030, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-594-8228</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361405</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOME TEL. CO.-MN</b></p>					
<p>Signature of Authorized Officer: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel. co.-mn, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361408</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HUTCHINSON TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson telephone company,lc= , Date:5/20/2019</p>	
<p>Date: 5/20/2019</p>					
<p>Printed name of Authorized Officer: Curt Kawlewski</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 507-233-4172</p>					
Study Area Code of Reporting Carrier	361409		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KASSON &amp; MANTORVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Beth Tollefson</b></p>				<p>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson &amp; mantorville tel. co.,l= , Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Beth Tollefson</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-634-2511</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361412</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LISMORE COOPERATIVE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Tarri Joens</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LONSDALE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Bonnie Simon</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Bonnie Simon</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>507-744-2311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361422</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>Runestone Telephone Association</b>			
Signature of Authorized Officer <i>John M. Kapphahn</i>			Date <b>5/20/2019</b>
Printed name of Authorized Officer <b>John M Kapphahn</b>			
Title or position of Authorized Officer <b>Secretary/Treasurer</b>			
Telephone number of Authorized Officer: <b>(320) 986-2013</b>			
Study Area Code of Reporting Carrier	<b>361423</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MABEL COOPERATIVE TELEPHONE CO.- MN</b></p>					
<p>Signature of Authorized Officer: <b>Julie Kolka</b></p>				<p>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.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: <b>Julie Kolka</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHRISTENSEN COMMUNICATIONS COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Brent Christensen</b></p>				<p>Digitally signed by Brent Christensen DN:cn=Brent Christensen,email=brentc@chriscomco.net,O=christensen communications company,l= , Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Brent Christensen</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer: <b>507-642-5514</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361425</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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MELROSE TELEPHONE COMPANY					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose telephone company,lc=, Date:5/17/2019</small> Date: 5/17/2019	
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDWEST TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Staci Malikowski</b></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: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINNESOTA VALLEY TEL. CO. INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Danny Busche</span></p>				<p><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></p>	
<p>Date: <span style="color: blue;">5/20/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Danny Busche</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-557-2275</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361439</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW ULM TELECOM, INC.</span></p>					
<p>Signature of Authorized Officer: <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=new ulm telecom, inc.,l= , Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-233-4172</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361442</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LORETEL SYSTEMS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc., Date: 5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361443</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PARK REGION MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>218-826-6161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361450</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PAUL BUNYAN RURAL TEL. COOP.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Dave Schultz</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-444-1141</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361451</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">REDWOOD COUNTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Staci Malikowski</b></span></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: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361472</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>					

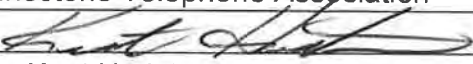
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ROTHSAY TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Dave Bickett</b></p>				<p>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</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>218-826-6161</b></p>					
Study Area Code of Reporting Carrier	<b>361474</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Runestone Telephone Association	
Signature of Authorized Officer					
Date				5/22/2019	
Printed name of Authorized Officer				Kent Hedstrom	
Title or position of Authorized Officer				General Manager/CEO	
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SACRED HEART TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel. co.,l= , Date:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361476</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SCOTT RICE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=scott rice telephone company, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SLEEPY EYE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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=sleepy eye 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: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-233-4172</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361483</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SPRING GROVE COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer: <b>Jill Fishbaugher</b></p>				<p>Digitally signed by Jill Fishbaugher DN:cn=Jill Fishbaugher,email=jill@springgrove.coop,O=spring grove communications,l=Spring Grove MN 55974-0516, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Jill Fishbaugher</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>507-498-3456</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361485</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STARBUCK TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel. co.,l= , Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>UPSALA COOPERATIVE TELEPHONE ASSN.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Tony Gebhard</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TEL. CO.-MN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Dave Bickett</b></span></p>				<p><small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=valley tel. co.-mn,l=Underwood MN 56586-0277, Date:5/21/2019</small></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dave Bickett</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-826-6161</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361495</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TRI-CO TECHNOLOGIES, LLC DBA CROSSLAKE COMM.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Josh Netland</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>218-763-3000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361499</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHERN TELEPHONE COMPANY OF MN</b></p>					
<p>Signature of Authorized Officer: <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,/= , Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Shane Young</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>218-488-6565</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361500</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST CENTRAL TELEPHONE ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Chad Bullock</b></span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Chad Bullock</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO-GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-837-5151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361501</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 THE REPORTING CARRIER,**

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

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

Name of Reporting Carrier

Signature of Authorized Officer

*Ch. B. K.*

Date

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number of Authorized Officer: ( ) - , ext.

Study Area Code of Reporting Carrier

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


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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WESTERN TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western telephone company, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361502</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Wikstrom Telephone Co. Inc.			
Signature of Authorized Officer 			Date 05/28/2019
Printed name of Authorized Officer Leslie B Wikstrom			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (218) 436-2121, ext. _____			
Study Area Code of Reporting Carrier	361505	Filing Due Date for this form (mm/dd/yyyy)	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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WINTHROP TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Danny Busche</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Danny Busche</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-557-2275</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361508</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WOODSTOCK TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Terry Nelson</b></p>				<p>Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock telephone company,l=Ruthton MN 56170, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Terry Nelson</b></p>					
<p>Title or position of Authorized Officer: <b>Operations Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>507-658-3830</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361510</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>					

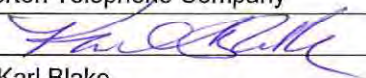
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ZUMBROTA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota telephone company, Date:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361515</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INTERSTATE TELECOMMUNICATIONS COOP., INC.-MN</b></p>					
<p>Signature of Authorized Officer: <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.-mn,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: <b>Bryan Roth</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-874-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361654</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARAPAHOE TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Koller</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">John Koller</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP Operations</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">308-962-7298</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371516</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ELSIE COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>David Shipley</b></p>				<p>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</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>David Shipley</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>866-542-6780</b></p>					
Study Area Code of Reporting Carrier	<b>371518</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THREE RIVER TELCO</b></p>					
<p>Signature of Authorized Officer: <b>Steven Dorf</b></p>				<p>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</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Steven Dorf</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-569-2666</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371525</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CAMBRIDGE TELEPHONE COMPANY - NE</b></p>					
<p>Signature of Authorized Officer: <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, =Cambridge NE 69022, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>J. Shoemaker</b></p>					
<p>Title or position of Authorized Officer: <b>V P Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer: <b>308-697-3333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371526</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELCO, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Thompson Fast</b></p>				<p>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</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-489-2728</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371530</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLARKS TELECOMMUNICATIONS CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Patrick McElroy</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELEPHONE COMPANY- NE</b></p>					
<p>Signature of Authorized Officer: <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,l=Lincoln NE 68506-0147, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COZAD TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Marcus Young</b></p>				<p>Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad telephone company, Inc., Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Marcus Young</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>308-784-4044</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371534</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CURTIS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-489-2728</b></p>					
Study Area Code of Reporting Carrier	<b>371536</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DALTON TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>David Shipley</b></p>				<p>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton telephone company, inc.,l=Colorado City CO 81019, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>David Shipley</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>866-542-6779</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371537</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DILLER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Loren Duerksen</b></p>				<p>Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller telephone company, Diller NE 68342-0236, Date:5/23/2019</p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Loren Duerksen</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Director of Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>402-793-5330</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371540</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GLENWOOD TELEPHONE MEMBERSHIP CORP.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Stanley Rouse</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Hamilton Telephone Company</u>			
Signature of Authorized Officer <u>[Signature]</u>		Date <u>5-17-19</u>	
Printed Name of Authorized Officer <u>John Nelson</u>			
Title or position of Authorized Officer <u>First Vice President</u>			
Telephone number of Authorized Officer: <u>(402) 694-5101</u> ext. <u>      </u>			
Study Area Code of Reporting Carrier	<u>371555</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HARTINGTON TELECOMMUNICATIONS CO., INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Mike Becker</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HARTMAN TELEPHONE EXCHANGES INC.</b></p>					
<p>Signature of Authorized Officer: <b>Linda McKain</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Linda McKain</b></p>					
<p>Title or position of Authorized Officer: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>308-423-5607</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371557</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HEMINGFORD COOP. TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Tonya Mayer</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Tonya Mayer</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>308-487-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371558</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HENDERSON CO-OP TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>James Mestl</b></p>				<p>Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henders on 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: <b>James Mestl</b></p>					
<p>Title or position of Authorized Officer: <b>Board President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-723-4448</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371559</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HERSHEY COOPERATIVE TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <b>Rex Woolley</b></p>				<p>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey cooperative telephone co, Hershey NE 69143, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Rex Woolley</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELECOM, INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-489-2728</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371562</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOOPER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Robert Gannon</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Robert Gannon</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>712-786-5572</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371563</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>K &amp; M TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Magnuson</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Thomas Magnuson</b></p>					
<p>Title or position of Authorized Officer: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-482-5800</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371565</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GLENWOOD NETWORK SERVICES, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Stanley Rouse</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Stanley Rouse</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-756-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371567</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEBRASKA CENTRAL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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,</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Nancy McGregor-Jader</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST NEBRASKA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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,lc= , Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Patrick McElroy</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PIERCE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>William Fogle</b></p>				<p>Digitally signed by William Fogle DN:cn=William Fogle,email=wfogle@piercetelphone.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: <b>William Fogle</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-329-6225</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371581</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PLAINVIEW TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Eric Nye</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Nye</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-582-4242</b></p>					
Study Area Code of Reporting Carrier	<b>371582</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SODTOWN TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Mike Plautz</b></p>				<p>Digitally signed by Mike Plautz DN:cn=Mike Plautz,email=secretary@sdtntele.com,O=sodtown tel. co.,l= , Date:5/17/2019</p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Mike Plautz</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>308-467-2310</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371590</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHEAST NEBRASKA COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Ray Joy</b></p>				<p>Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=southeast nebraska communications, inc.,l= , Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Ray Joy</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-245-4451</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371591</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STANTON TELECOM INC.</b></p>					
<p>Signature of Authorized Officer: <b>Robert Paden</b></p>				<p>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</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Robert Paden</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-439-2264</b></p>					
Study Area Code of Reporting Carrier	<b>371592</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WAUNETA TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Linda McKain</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Linda McKain</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">308-423-5607</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371597</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BENKELMAN TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Linda McKain</b></p>				<p>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmcain@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: <b>Linda McKain</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <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>					



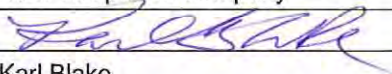
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH DAKOTA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>Shawna Senger</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>Wolverton Telephone Company</b>			
Signature of Authorized Officer 			Date <b>5/17/2019</b>
Printed name of Authorized Officer <b>Karl Blake</b>			
Title or position of Authorized Officer <b>Executive Vice President</b>			
Telephone number of Authorized Officer: <b>(701) 284-7221</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>381509</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ABSARAKA COOP TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Ann Faught</b></p>				<p><small>Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop telephone co., = , Date:5/20/2019</small></p> <p>Date:      <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer:      <b>Ann Faught</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>701-896-3404</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381601</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>					

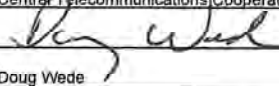
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEK COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Brandon Vaughan</b></p>				<p>Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=bek communications cooperative,l=Steele ND 58482, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Brandon Vaughan</b></p>					
<p>Title or position of Authorized Officer: <b>CFO/Financial Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>701-475-1246</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381604</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier 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 ext.				
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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: Dakota Central Telecommunications Cooperative / DCTC				
Signature of Authorized Officer: 				Date: 5-23-19
Printed name of Authorized Officer: Doug Wede				
Title or position of Authorized Officer: President				
Telephone number of Authorized Officer: ( 701 ) 652 - 3184 , ext.				
Study Area Code of Reporting Carrier	381610		Filing Due Date for this form (mm/dd/yyyy)	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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DICKEY RURAL TEL COOP.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Kent Schimke</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <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>					

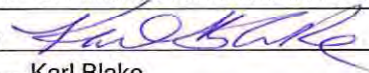
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRIGGS COUNTY TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>Tyler Kilde</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>701-437-9209</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381615</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INTER-COMMUNITY TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Brandon Vaughan</b></p>				<p>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</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Brandon Vaughan</b></p>					
<p>Title or position of Authorized Officer: <b>CFO/Financial Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>701-475-1246</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381616</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MIDSTATE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Ryan Wilhelmi</b></p>				<p>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate telephone company, Stanley ND 58784-0400, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Ryan Wilhelmi</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>701-628-2522</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381617</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRIGGS COUNTY TEL. CO. (MOORE&amp;LIBERTY)</b></p>					
<p>Signature of Authorized Officer: <b>Tyler Kilde</b></p>				<p>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</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Tyler Kilde</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>701-437-9209</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381622</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHWEST COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Jennifer Bingeman</b></p>				<p>Digitally signed by Jennifer Bingeman DN:cn=Jennifer Bingeman,email=jenb@nccray.com,O=northwest communications cooperative,  = , Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Jennifer Bingeman</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>701-568-8101</b></p>					
Study Area Code of Reporting Carrier	<b>381625</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>Polar Communications Mutual Aid Corp</b>			
Signature of Authorized Officer 			Date <b>5/17/2019</b>
Printed name of Authorized Officer <b>Karl Blake</b>			
Title or position of Authorized Officer <b>CEO</b>			
Telephone number of Authorized Officer: <b>(701) 284-7221</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>381630</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM</b></p>					
<p>Signature of Authorized Officer: <b>Jeffrey Olson</b></p>				<p>Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@redrivercomm.com,O=red river rural tel. assn. dba red river comm,l=Abercrombie ND 58001, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Jeffrey Olson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>701-553-8309</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381631</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier RESERVATION TELEPHONE COOPERATIVE				
Signature of Authorized Officer 			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 ext.				
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>UNITED TELEPHONE MUTUAL AID CORP.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Perry Oster</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>701-256-5156</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381636</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WEST RIVER TELECOMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Troy Schilling</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Troy Schilling</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>701-748-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381637</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MIDSTATE COMMUNICATIONS INC.</b></p>					
<p>Signature of Authorized Officer: <b>Ryan Wilhelmi</b></p>				<p>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</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Ryan Wilhelmi</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>701-628-2522</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381638</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SRT COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Steve Lysne</b></p>				<p>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</p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Steve Lysne</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>701-858-5246</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>383303</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE COMM. COOPERATIVE, INC.-HILLS SD</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Kari Flanagan</b></span></p>				<p><small>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</small></p>	
<p>Date: <span style="color: blue;">5/22/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391405</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (ARMOUR)</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE COMM. COOPERATIVE, INC.-BALTIC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Kari Flanagan</b></span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-baltic,l=Garretson SD 57030, Date:5/22/2019</small></p>	
<p>Date: <span style="color: blue;">5/22/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391642</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Cheyenne River Sioux Tribe Telephone Authority</b>			
Signature of Authorized Officer <i>Terrance Veo</i>			Date <b>05-22-19</b>
Printed name of Authorized Officer <b>Terrance Veo</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(605) 964-2600</b> ext.			
Study Area Code of Reporting Carrier	<b>391647</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BERESFORD MUNICIPAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Todd Hansen</b></p>				<p>Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal tel. co.,l= , Date:5/17/2019</p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Todd Hansen</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-763-2500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391649</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLARITY TELECOM, LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Keith Davidson</b></span></p>				<p><small>Digitally signed by Keith Davidson DN:cn=Keith Davidson,email=Keith.Davidson@vastbroadband.com,O=clarity telecom, llc, Date:5/17/2019</small></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Keith Davidson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">573-481-2265</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391652</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITY OF FAITH MUNICIPAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Debbie Brown</span></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: <span style="color: blue;">5/30/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Debbie Brown</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Finance Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-967-2261</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391653</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INTERSTATE TELECOMMUNICATIONS COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Bryan Roth</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-874-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391654</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE COMM. COOPERATIVE, INC.-SPLITROCK</b></p>					
<p>Signature of Authorized Officer: <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: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-594-8228</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391657</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM. COOP, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391659</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FORT RANDALL TEL. CO. DBA MT. RUSHMORE TEL CO</b></p>					
<p>Signature of Authorized Officer: <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: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391660</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>JAMES VALLEY COOPERATIVE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>James Groft</b></p>				<p><small>Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley cooperative telephone company,lc= , Date:5/20/2019</small></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer: <b>James Groft</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-397-2323</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391664</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>JEFFERSON TELEPHONE COMPANY - SD</b></p>					
<p>Signature of Authorized Officer:      <b>Tom Connors</b></p>				<p>Digitally signed by Tom Connors DN:cn=Tom Connors,email=tomc@longlines.biz,O=jefferson telephone company - sd, =Jefferson SD 57038-0128, Date:5/22/2019</p>	
<p>Date:      <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer:      <b>Tom Connors</b></p>					
<p>Title or position of Authorized Officer:      <b>Manager</b></p>					
<p>Telephone number of Authorized Officer:      <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (KADOKA)</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (kadoka),l=Wall SD 57790-0411, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391667</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KENNEBEC TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>Rod Bowar</b></p>					
<p>Title or position of Authorized Officer: <b>President/Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TRIOTEL COMMUNICATIONS, INC. (MCCOOK)</b></p>					
<p>Signature of Authorized Officer: <b>Bryan Roth</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Bryan Roth</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-425-2238</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391669</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MIDSTATE COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Mark Benton</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Benton</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-778-6221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391670</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WEST RIVER TELECOMMUNICATIONS COOP.(MOBRIDGE)</b></p>					
<p>Signature of Authorized Officer: <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: <b>Troy Schilling</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	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 ext.		
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SANTEL COMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Ryan Thompson</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Ryan Thompson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (SIOUX VALLEY)</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INTERSTATE TELECOMMUNICATIONS COOP., INC.-SST</b></p>					
<p>Signature of Authorized Officer: <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: <b>Bryan Roth</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-874-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391679</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VENTURE COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Randy Houdek</b></p>				<p>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</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Randy Houdek</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-852-1111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391680</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TRIOTEL COMMUNICATIONS, INC. (TRI-COUNTY)</b></p>					
<p>Signature of Authorized Officer: <b>Bryan Roth</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Bryan Roth</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-425-2238</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391682</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (UNION)</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391684</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TELECOMM. COOP. ASSN., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Jeff Symens</b></span></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: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jeff Symens</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-437-2615</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391685</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (VIVIAN)</b></p>					
<p>Signature of Authorized Officer: <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: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391686</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST RIVER COOPERATIVE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Colle Nash</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager / CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-244-5213</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391689</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARKANSAS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Randy McCaslin</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Randy McCaslin</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>501-745-2114</b></p>					
Study Area Code of Reporting Carrier	<b>401692</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL ARKANSAS TEL. COOP INC.</b></p>					
<p>Signature of Authorized Officer: <b>Larry Frazier</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Larry Frazier</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>501-865-7008</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401697</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <i>Cleveland Transit Authority</i>			
Signature of Authorized Officer <i>W. Jay Mitchell</i>			Date <i>5/30/19</i>
Printed name of Authorized Officer <i>W. Jay Mitchell</i>			
Title or position of Authorized Officer <i>Vice - Pres</i>			
Telephone number of Authorized Officer: <i>(417) 776-2247 ext.</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <i>Decatur 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>Vice President</i>			
Telephone number of Authorized Officer <i>417 1726-2247 ext.</i>			
Study Area Code of Reporting Carrier	<i>1699</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTH ARKANSAS TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Greg Ashcraft</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/29/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Greg Ashcraft</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">870-942-4344</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401702</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LAVACA TELEPHONE-AR</b></p>					
<p>Signature of Authorized Officer: <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: <b>Keith Gibson</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>479-674-2211</b></p>					
Study Area Code of Reporting Carrier	<b>401704</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MADISON COUNTY TEL. CO. INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tom Shrum</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/28/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Shrum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">479-738-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401709</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MAGAZINE TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Cheryl Stone</span></p>				<p><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></p>	
<p>Date: <span style="color: blue;">5/30/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Cheryl Stone</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Board Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">479-969-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401710</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOUNTAIN VIEW TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Aaron Millsap</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Aaron Millsap</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>870-425-3100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401712</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHERN ARKANSAS TEL. CO.,INC.</b></p>					
<p>Signature of Authorized Officer: <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:5/29/2019</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Steven Sanders, Jr.</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>870-453-9273</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401713</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>					

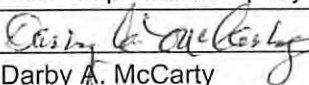
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PRAIRIE GROVE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>Rick Reed</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>479-846-7200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401718</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>Rice Belt Telephone Company Inc.</b>			
Signature of Authorized Officer 			Date <b>05/16/2019</b>
Printed name of Authorized Officer <b>Darby A. McCarty</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(812) 876-2211</b> , ext.			
Study Area Code of Reporting Carrier	<b>401721</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>E. RITTER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Bob Mouser</b></p>				<p>Digitally signed by Bob Mouser DN:cn=Bob Mouser,email=bob.mouser@rittercommunications.com,O=e. ritter telephone company, Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Bob Mouser</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>870-429-1116</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401722</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHWEST ARKANSAS TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer: <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.,l= , Date:5/23/2019</small></p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Tina Moore</b></p>					
<p>Title or position of Authorized Officer: <b>Accountant</b></p>					
<p>Telephone number of Authorized Officer: <b>870-653-8222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401724</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WALNUT HILL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Adam Dixon</b></p>				<p><small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=walnut hill telephone company, Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>870-921-5757</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401729</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>YELCOT TEL. CO.,INC.</b></p>					
<p>Signature of Authorized Officer: <b>Aaron Millsap</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Aaron Millsap</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>870-425-3100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401733</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SCOTT COUNTY TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Karen Gilliam</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Karen Gilliam</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>479-923-4200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>403031</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BLUE VALLEY TELE-COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Candace Wright</b></p>				<p>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-communications, inc.,l= , Date:5/30/2019</p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Candace Wright</b></p>					
<p>Title or position of Authorized Officer: <b>GM/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>785-799-3657</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411746</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <b>COUNCIL GROVE TEL. CO.</b>					
Signature of Authorized Officer: <b>Dale Jones</b>				<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> Date: <b>5/20/2019</b>	
Printed name of Authorized Officer: <b>Dale Jones</b>					
Title or position of Authorized Officer: <b>CEO</b>					
Telephone number of Authorized Officer: <b>620-767-5153</b>					
Study Area Code of Reporting Carrier	<b>411758</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CUNNINGHAM TELEPHONE CO. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Brent Cunningham</b></p>				<p>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</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Brent Cunningham</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ELKHART TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Trenton Boaldin</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Trenton Boaldin</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>620-697-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411764</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN BELT TELEPHONE ASSN. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Beau Rebel</b></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: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Beau Rebel</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>785-372-4236</b></p>					
Study Area Code of Reporting Carrier	<b>411777</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GORHAM TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Tonya Murphy</b></p>				<p>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</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Tonya Murphy</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>785-637-5300</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411778</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HAVILAND TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Mark Wade</b></p>				<p>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandelco.com,O=haviland telephone company inc.,l=Haviland KS 67059, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Wade</b></p>					
<p>Title or position of Authorized Officer: <b>VP of Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>620-862-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411780</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <b>H &amp; B COMMUNICATIONS INC.</b>					
Signature of Authorized Officer: <b>Robert Koch</b>				<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> Date: <b>5/21/2019</b>	
Printed name of Authorized Officer: <b>Robert Koch</b>					
Title or position of Authorized Officer: <b>President and General Manager</b>					
Telephone number of Authorized Officer: <b>785-252-4000</b>					
Study Area Code of Reporting Carrier	<b>411781</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOME TELEPHONE COMPANY INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Tina Anderson</b></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: <span style="color: blue;">Tina Anderson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Customer Acct &amp; Billing Mgr/Secretary</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>J. B. N. TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Mark Wade</b></p>				<p>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Wade</b></p>					
<p>Title or position of Authorized Officer: <b>VP of Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>620-862-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411785</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KANOKLA TELEPHONE ASSOCIATION - KS</b></p>					
<p>Signature of Authorized Officer: <b>Jill Kuehny</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Jill Kuehny</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>620-845-5682</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411788</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MADISON TELEPHONE, LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Shana Rains</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Shana Rains</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-437-2356</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411801</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOKAN DIAL, INC.- KS</b></p>					
<p>Signature of Authorized Officer: <b>Adam Dixon</b></p>				<p><small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=mokan dial, inc.-ks, = , Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>870-921-5757</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411807</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MUTUAL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>John Tietjens</b></p>				<p>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual telephone company,l=Little River KS 67457, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>John Tietjens</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-897-6200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411809</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TELECOMMUNICATIONS, LLC</b></p>					
<p>Signature of Authorized Officer: <b>Kathy Billinger</b></p>				<p>Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecommunications, llc,l=LaCygne KS 66040, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kathy Billinger</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CRAW-KAN TELEPHONE COOP INC- KS</b></p>					
<p>Signature of Authorized Officer: <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- ks,l=Girard KS 66743-0100, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Craig Wilbert</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-724-8235</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411818</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RAINBOW TELECOMMUNICATIONS ASSOC., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kathy Ruoff</span></p>				<p><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></p>	
<p>Date: <span style="color: blue;">5/21/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kathy Ruoff</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">785-548-7511</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411820</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">S &amp; T TEL. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Christina Hickert</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">256-694-2256</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411827</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>S &amp; A TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Janet Bathurst</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-528-3223</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411829</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH CENTRAL TEL. ASSN. INC.-KS</b></p>					
<p>Signature of Authorized Officer: <b>Carla Shearer</b></p>				<p>Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn. inc.-ks, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Carla Shearer</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-930-1082</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411831</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTHERN KANSAS TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>William McVey</b></span></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: <span style="color: blue;">5/18/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">William McVey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-584-8337</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411833</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRI-COUNTY TEL. ASSN. INC.-KS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dale Jones</span></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: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dale Jones</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-767-5153</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411839</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>UNITED TELEPHONE ASSOCIATION, INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Jennifer Pachner</b></p>					
<p>Title or position of Authorized Officer: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer: <b>620-227-8641</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411841</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WHEAT STATE TELEPHONE, INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Randy Hoffman</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Randy Hoffman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-782-3341</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411847</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WILSON TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Brian Boisvert</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Brian Boisvert</b></p>					
<p>Title or position of Authorized Officer: <b>CEO /General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>785-658-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411849</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ZENDA TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>John Ludenia</b></p>				<p>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=zenda telephone company inc., = , Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>John Ludenia</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>304-983-8642</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411852</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BPS Telephone Company</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Lisa Winberry</span></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: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Lisa Winberry</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">573-293-2277</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">420463</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>IAMO TELEPHONE COMPANY - MO</b></p>					
<p>Signature of Authorized Officer: <b>Tom Steinolfson</b></p>				<p>Digitally signed by Tom Steinolfson DN:cn=Tom Steinolfson,email=toms@iamotelephone.com,O=iamo telephone company - mo, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Tom Steinolfson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CRAW-KAN TELEPHONE COOP INC - MO</b></p>					
<p>Signature of Authorized Officer: <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,j=Girard KS 66743-0100, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Craig Wilbert</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-724-8235</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421759</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOKAN DIAL, INC.- MO</b></p>					
<p>Signature of Authorized Officer: <b>Adam Dixon</b></p>				<p>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=mokan dial, inc.-mo, e= , Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>870-921-5757</b></p>					
Study Area Code of Reporting Carrier	<b>421807</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALMA COMMUNICATIONS COMPANY DBA ALMA TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Adolf Heins</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Adolf Heins</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHARITON VALLEY TELEPHONE CORPORATION</b></p>					
<p>Signature of Authorized Officer: <b>Kirby Underberg</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kirby Underberg</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>660-395-9000</b></p>					
Study Area Code of Reporting Carrier	<b>421864</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TELEPHONE CO - MISSOURI</b></p>					
<p>Signature of Authorized Officer: <b>Brian Cornelius</b></p>				<p>Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens telephone co - missouri,=Higginsville MO 64037-0737, Date:5/22/2019</p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Brian Cornelius</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ELLINGTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Dee McCormack</b></p>				<p>Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmcormack@mcmo.net,O=ellington telephone company,l=Ellington MO 63638, Date:5/19/2019</p>	
<p>Date: <b>5/19/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dee McCormack</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>573-663-2000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421874</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARBER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Charles Crow</b></p>				<p><small>Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=farber telephone company, Date:5/16/2019</small></p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Charles Crow</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>573-249-9800</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421876</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FIDELITY TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Carla Cooper</b></p>				<p>Digitally signed by Carla Cooper DN:cn=Carla Cooper,email=carla.cooper@fidelitycommunications.com,O=fidelity telephone company, Date: 5/24/2019</p> <p>Date: <b>5/24/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Carla Cooper</b></p>					
<p>Title or position of Authorized Officer: <b>VP of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>573-468-1218</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421882</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRANBY TEL CO - MISSOURI</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Cheri Johnson</b></span></p>				<p><small>Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - missouri, =Granby MO 64844, Date:5/28/2019</small></p> <p>Date: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Cheri Johnson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Corporate Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">417-472-5513</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421887</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GREEN HILLS TELEPHONE CORP.</b></p>					
<p>Signature of Authorized Officer: <b>David Adams</b></p>				<p>Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghc.com,O=green hills telephone corp.,l=Breckenridge MO 64625, Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>David Adams</b></p>					
<p>Title or position of Authorized Officer: <b>EVP/GM</b></p>					
<p>Telephone number of Authorized Officer: <b>660-644-5411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421890</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHOCTAW TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Adam Dixon</b></p>				<p><small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=choctaw telephone company, Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>870-921-5757</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421893</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KLM TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Joe Jetensky</span></p>				<p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm tel. co.,l= , Date:5/24/2019</small></p> <p>Date: <span style="color: blue;">5/24/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Joe Jetensky</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-426-6245</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421900</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KINGDOM TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Marla McCowan</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Marla McCowan</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant Board Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>573-386-2241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421901</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Le-Ru Telephone Company				
Signature of Authorized Officer 			Date 5/30/15	
Printed name of Authorized Officer W. Jay Mitchell				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (417) 776-2247, ext.				
Study Area Code of Reporting Carrier		421908	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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCDONALD COUNTY TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Ross Babbitt</b></span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ross Babbitt</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">417-223-4313</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421912</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MILLER TELEPHONE COMPANY - MO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Ludenia</span></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: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421920</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEW FLORENCE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Ottman</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW LONDON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Wendy Ottman</span></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: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Wendy Ottman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">573-835-4051</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421928</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOLWAY TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Joe Jetensky</b></p>				<p>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway telephone company,l= , Date:5/24/2019</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Joe Jetensky</b></p>					
<p>Title or position of Authorized Officer: <b>President/GM</b></p>					
<p>Telephone number of Authorized Officer: <b>402-426-6245</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421929</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST MISSOURI RURAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Michele Gillespie</b></p>				<p>Digitally signed by Michele Gillespie DN:cn=Michele Gillespie,email=mvan@nemr.net,O=northeast missouri rural tel. co.,l= , Date:5/30/2019</p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Michele Gillespie</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>660-874-4111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421931</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				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 ext.	
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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ORCHARD FARM TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Ottman</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OREGON FARMERS MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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.,c=US, Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>870-921-5757</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421935</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEACE VALLEY TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Kelly Bosserman</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>417-277-5550</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421936</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCK PORT TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rick Bradley</span></p>				<p>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</p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Rick Bradley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STEELVILLE TEL. EXCH. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Donald Santhuff</b></p>				<p>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</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Donald Santhuff</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>573-775-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421949</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STOUTLAND TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421951</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAVACA TELEPHONE CO.- OK</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Keith Gibson</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Keith Gibson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">479-674-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431704</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KANOKLA TELEPHONE ASSOCIATION - OK</b></p>					
<p>Signature of Authorized Officer: <b>Jill Kuehny</b></p>				<p>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ok, =Caldwell KS 67022-0111, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Jill Kuehny</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>620-845-5682</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431788</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH CENTRAL TEL. ASSN., INC.-OK</b></p>					
<p>Signature of Authorized Officer: <b>Carla Shearer</b></p>				<p>Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn., inc.-ok, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Carla Shearer</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-930-1082</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431831</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ATLAS TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Barbara Summa</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEGGS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Kay Mount</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kay Mount</b></p>					
<p>Title or position of Authorized Officer: <b>Pres. &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CANADIAN VALLEY TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Orlean Smith</span></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: <span style="color: blue;">5/29/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Orlean Smith</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President / Gen Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">918-334-3700</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431974</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CARNEGIE TELEPHONE CO.INC.</b></p>					
<p>Signature of Authorized Officer: <b>James Powers</b></p>				<p>Digitally signed by James Powers DN:cn=James Powers,email=jpowers@carnegietelephone.com,O=carnegie telephone co.inc.,l=Carnegie OK 73015, Date:5/29/2019</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>James Powers</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>580-654-1002</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431976</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL OKLAHOMA TELEPHONE CO., L.L.C.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Steve Guest</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHEROKEE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Samuel Sanchez</b></p>				<p><small>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee telephone co., = , Date:5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Samuel Sanchez</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHICKASAW TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Larry Jones</span></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: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Larry Jones</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">580-622-5223</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431980</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CIMARRON TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>H. Baldwin</b></p>				<p>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</p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer: <b>H. Baldwin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>918-865-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431982</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRAND TELEPHONE CO. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Jason Anderson</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Jason Anderson</b></p>					
<p>Title or position of Authorized Officer: <b>Controller/Co-Manager/1st Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>918-253-4231</b></p>					
Study Area Code of Reporting Carrier	<b>431994</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HINTON TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kenneth Doughty</span></p>				<p><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></p>	
<p>Date: <span style="color: blue;">5/20/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kenneth Doughty</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">405-542-3262</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431995</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MEDICINE PARK TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Dean Pennello</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dean Pennello</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>580-529-2700</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432008</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OKLATEL COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Toney Prather</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Toney Prather</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>254-893-1000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432013</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OKLAHOMA WESTERN TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Dean Pennello</b></p>				<p>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=oklahoma western telephone co.,l= , Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dean Pennello</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>580-529-5000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432014</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>POTTAWATOMIE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Danny Overland</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>405-997-5201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432020</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SALINA-SPAVINAW TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Scott Boone</span></p>				<p><small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel. co.,inc., = , Date:5/22/2019</small></p>	
<p>Date: <span style="color: blue;">5/22/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Scott Boone</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">918-434-8166</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432022</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SHIDLER TEL. CO. DBA KANOKLA NETWORKS</b></p>					
<p>Signature of Authorized Officer: <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: <b>Jill Kuehny</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHWEST OKLAHOMA TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>George Wycoff</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>George Wycoff</b></p>					
<p>Title or position of Authorized Officer: <b>Exec. Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>580-679-3345</b></p>					
Study Area Code of Reporting Carrier	<b>432025</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TERRAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Chad Segress</b></p>				<p>Digitally signed by Chad Segress DN:cn=Chad Segress,email=chad@wavelinx.com,O=terral tel. co.,l= , Date:5/28/2019</p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Chad Segress</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>405-609-7164</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432029</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VALLIANT TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Tommy Dorries</b></p>				<p><small>Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant telephone company, =Valliant OK 74764, Date:5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Tommy Dorries</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>580-933-4400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432032</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Wyandotte Telephone			
Name of Reporting Carrier	Signature of Authorized Officer		Date 5/30/19
Printed name of Authorized Officer	W. Jay Mitchell		
Title or position of Authorized Officer	Pres		
Telephone number of Authorized Officer	417.776.2247		
Study Area Code of Reporting Carrier	2034	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 THE REPORTING CARRIER.

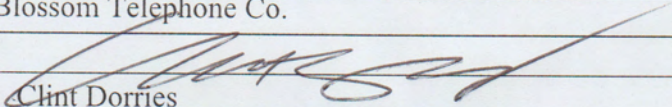
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SANTA ROSA TELEPHONE COOP. INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Jason Tole</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant GM / CFO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CAMERON TELEPHONE COMPANY - TEXAS</b></p>					
<p>Signature of Authorized Officer: <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: <b>Bruce Petry</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>337-583-2092</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>440425</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Blossom Telephone Co.			
Signature of Authorized Officer 			Date 5/15/2019
Printed name of Authorized Officer Clint Dorries			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: ( 903982-5200 ext.			
Study Area Code of Reporting Carrier	442038	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.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Big Bend Telephone Company, Inc.</u>			
Signature of Authorized Officer 			Date <u>5/31/2019</u>
Printed name of Authorized Officer <u>Lauren Sanders</u>			
Title or position of Authorized Officer <u>CFO</u>			
Telephone number of Authorized Officer: <u>(432) 364-0054</u> , ext. _____			
Study Area Code of Reporting Carrier	<u>442039</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BRAZORIA TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Gil Rasco</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Gil Rasco</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>979-798-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442040</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH TEXAS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>Toney Prather</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CAP ROCK TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Jim Whitefield</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Jim Whitefield</b></p>					
<p>Title or position of Authorized Officer: <b>Executive Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL TEXAS TELEPHONE CO-OP. INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Jamey Wigley</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COLEMAN COUNTY TELEPHONE CO-OP. INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Tim Humpert</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>325-348-3124</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442057</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COLORADO VALLEY TELEPHONE CO-OP. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Kelly Allison</b></p>				<p>Digitally signed by Kelly Allison DN:cn=Kelly Allison,email=kellya@coloradovalley.com,O=colorado valley telephone co-op. inc.,l=La Grange TX 78945, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kelly Allison</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>979-247-8315</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442059</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TOTELCOM COMMUNICATIONS, LLC</b></p>					
<p>Signature of Authorized Officer: <b>Toney Prather</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Toney Prather</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>254-893-1000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442060</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COMMUNITY TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Clifford Humpert</b></p>				<p>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</p>	
<p>Date: <b>5/31/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Clifford Humpert</b></p>					
<p>Title or position of Authorized Officer: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CUMBY TELEPHONE COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer: <b>Karen Zimmerman</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Karen Zimmerman</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>903-994-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442065</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DELL TELEPHONE CO-OP. INC. - TX</b></p>					
<p>Signature of Authorized Officer: <b>Marcy Guillen</b></p>				<p>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delitelco.com,O=deli 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: <b>Marcy Guillen</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>915-964-2352</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442066</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ELECTRA TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Dean Pennello</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dean Pennello</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>580-529-5000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442069</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FIVE AREA TELEPHONE CO-OP. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Mark Washington</b></p>				<p>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</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Washington</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>806-272-5533</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442071</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Border to Border Telephone Company</b>				
Signature of Authorized Officer 			Date <b>May 31st, 2019</b>	
Printed name of Authorized Officer <b>Dean P. Benello</b>				
Title or position of Authorized Officer <b>Chief Financial Officer</b>				
Telephone number of Authorized Officer: <b>(580) 529-8000</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>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GANADO TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Bill Rakowitz</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HILL COUNTRY TELEPHONE COOPERATIVE, INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">R. Cook</span></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: <span style="color: blue;">5/29/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">R. Cook</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">830-367-5333</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442086</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALENCO COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Ray Bussell</b></p>				<p>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</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Ray Bussell</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>817-447-0127</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442090</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ETS TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Sam Luxton</b></p>				<p>Digitally signed by Sam Luxton DN:cn=Sam Luxton,email=sluxton@entouchsystems.net,O=ets telephone company, inc., Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Sam Luxton</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LA WARD TELEPHONE EXCHANGE INC.</b></p>					
<p>Signature of Authorized Officer: <b>Terri Parker</b></p>				<p>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</p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Terri Parker</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>361-872-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442103</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LIPAN TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>Beth Howard</b></p>					
<p>Title or position of Authorized Officer: <b>Sec / Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>254-646-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442105</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MUENSTER TEL. CORP. OF TX DBA NORTEX COMM.</b></p>					
<p>Signature of Authorized Officer: <b>Alan Rohmer</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Alan Rohmer</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>940-759-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442116</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TELEPHONE COOPERATIVE - TX</b></p>					
<p>Signature of Authorized Officer: <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: <b>Lloyd Steele</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>903-878-3132</b></p>					
Study Area Code of Reporting Carrier	<b>442130</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>POKA-LAMBRO TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer: <b>David McEndree</b></p>				<p>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</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>David McEndree</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>806-924-7234</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442131</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 THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer

Date 05/31/2019

Printed name of Authorized Officer **Leslie Colston**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(361) 296-3232** ext.

Study Area Code of Reporting Carrier **442134**

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SANTA ROSA TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jason Tole</span></p>				<p><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></p>	
<p>Date: <span style="color: blue;">5/16/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jason Tole</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant GM / CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">940-886-2014</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442141</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>					

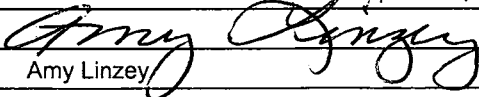
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH PLAINS TEL. COOP.,INC.</b></p>					
<p>Signature of Authorized Officer: <b>Scotty Hart</b></p>				<p><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></p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Scotty Hart</b></p>					
<p>Title or position of Authorized Officer: <b>CEO / General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>806-763-2301</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442143</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TATUM TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Dean Pennello</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/17/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dean Pennello</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">580-529-5000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442150</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier	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 THE REPORTING CARRIER.

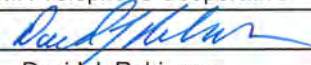
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WES-TEX TELEPHONE CO-OP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Darren Patrick</span></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: <span style="color: blue;">5/21/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Darren Patrick</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive VP/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">432-756-3393</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442168</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 THE REPORTING CARRIER.


<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">XIT RURAL TELEPHONE CO-OP. INC.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Darrell Dennis</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Hopi Telecommunications, Inc.</u>				
Signature of Authorized Officer <u></u>				Date <u>5-20-19</u>
Printed name of Authorized Officer <u>Carroll Onsae</u>				
Title or position of Authorized Officer <u>General Manager / President</u>				
Telephone number of Authorized Officer: <u>928 522-8128</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SAN CARLOS APACHE TELECOMM. UTILITY, INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Shirley Ortiz</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>928-475-7058</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452169</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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Tohono O'odham Utility Authority</b>			
Signature of Authorized Officer <i>Harriet Toro</i>			Date <b>5/23/2019</b>
Printed name of Authorized Officer <b>Harriet Toro</b>			
Title or position of Authorized Officer <b>Chairwoman</b>			
Telephone number of Authorized Officer: <b>(520) 383-2236</b> ext.			
Study Area Code of Reporting Carrier	<b>452173</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TELEPHONE COOPERATIVE INC-AZ</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Steven Metts</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Steven Metts</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO / General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">520-384-2231</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452176</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GILA RIVER TELECOMMUNICATIONS, INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">James Meyers</span></p>				<p><small>Digitally signed by James Meyers DN:cn=James Meyers,email=jmeyers@gilarivertel.com,O=gila river telecommunications, inc.,l= , Date:5/16/2019</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James Meyers</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">520-796-8885</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452179</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FORT MOJAVE TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Chester Caulder</b></p>				<p>Digitally signed by Chester Caulder DN:cn=Chester Caulder,email=ccaelder@ftmojave.net,O=fort mojave telecommunications, inc.,l= , Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Chester Caulder</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>928-346-2580</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452200</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MIDVALE TELEPHONE EXCHANGE, INC.-ARIZONA</b></p>					
<p>Signature of Authorized Officer: <b>John Stuart</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>John Stuart</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>208-355-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452226</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TABLE TOP TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Matthew Boos</b></p>				<p>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</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Matthew Boos</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>559-868-6322</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>453334</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SADDLEBACK COMMUNICATIONS COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Bill Bryant</b></p>				<p><small>Digitally signed by Bill Bryant DN:cn=Bill Bryant,email=bbryant@saddlebackcomm.com,O=saddleback communications company, Inc., Date: 5/30/2019</small></p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Bill Bryant</b></p>					
<p>Title or position of Authorized Officer: <b>President and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>480-362-7001</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>457991</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>AGATE MUTUAL TELEPHONE COOPERATIVE ASSOC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Judy Hollembeak</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>719-764-2578</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462178</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BIJOU TEL COOPERATIVE ASSOC. INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Brian Creveling</span></p>				<p><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></p>	
<p>Date: <span style="color: blue;">5/20/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Brian Creveling</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">303-822-5400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462181</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BLANCA TELEPHONE COMPANY DBA BLANCA NETWORKS</b></p>					
<p>Signature of Authorized Officer: <b>Alan Wehe</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Alan Wehe</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>719-379-3839</b></p>					
Study Area Code of Reporting Carrier	<b>462182</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>EASTERN SLOPE RURAL TEL ASSN INC</b></p>					
<p>Signature of Authorized Officer: <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: <b>Patricia White</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>719-743-2441</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462186</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL CO, INC. - COLORADO</b></p>					
<p>Signature of Authorized Officer: <b>Terry Hinds</b></p>				<p>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:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Terry Hinds</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>970-560-7587</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462188</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HAXTUN TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Adam Dixon</b></p>				<p><small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=haxtun telephone company, Date:5/28/2019</small></p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>870-921-5757</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462190</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NUCLA-NATURITA TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Kelly Tomlinson</b></p>				<p>Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nuc1a-naturita tel. co.,l=Nuc1a CO 81424, Date:5/28/2019</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kelly Tomlinson</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>970-864-7335</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462193</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NUNN TEL. COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>Greg Grablander</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>970-897-2200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462194</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH PARK TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>David Shipley</b></p>				<p>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</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>David Shipley</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PEETZ COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Randy Kottwitz</span></p>				<p><small>Digitally signed by Randy Kottwitz DN:cn=Randy Kottwitz,email=randy@peetzplace.com,O=peetz coop. tel. co.,l=Peetz CO 80747, Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Randy Kottwitz</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-334-2220</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462196</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PHILLIPS COUNTY TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Vincent Kropp</b></p>				<p>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</p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Vincent Kropp</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>970-854-2201</b></p>					
Study Area Code of Reporting Carrier	<b>462197</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE DRIVE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Matthew Sellers</span></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: <span style="color: blue;">5/30/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Matthew Sellers</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">719-485-3400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462198</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PLAINS COOPERATIVE TEL. ASSOC. INC.</b></p>					
<p>Signature of Authorized Officer: <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., Joes CO 80822, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Ronny Puckett</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>970-358-4211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462199</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RICO TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Jeremy Smith</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-548-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462201</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ROGGEN TELEPHONE COOPERATIVE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Peggy Manino</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Peggy Manino</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>303-849-5260</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462202</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE RYE TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>David Shipley</b></p>				<p>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=the rye telephone company inc.,l=Colorado City CO 81019-0166, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>David Shipley</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>719-676-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462203</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STONEHAM COOPERATIVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Taya Northrup</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WIGGINS TEL. ASSOC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Terry Hendrickson</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/30/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Terry Hendrickson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-483-7343</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462209</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILLARD TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Aimee Dollerschell</span></p>				<p>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel. co.,l= , Date:5/17/2019</p>	
<p>Date: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Aimee Dollerschell</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-228-4571</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462210</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALBION TEL. CO. D/B/A ATC COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer: <b>Rich Redman</b></p>				<p>Digitally signed by Rich Redman DN:cn=Rich Redman,email=redman@atccomm.com,O=albion tel. co. d/b/a atc communications,l=Albion ID 83311, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Rich Redman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>208-673-5335</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472213</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CUSTER TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Thornock</b></p>				<p>Digitally signed by Dennis Thornock DN:cn=Dennis Thornock,email=dennis@custertel.net,O=custer tel. cooperative inc.,j=Challis ID 83226, Date:5/28/2019</p> <p>Date: <b>5/28/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Dennis Thornock</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>208-879-2281</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472218</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FILER MUTUAL TEL. COMPANY-ID dba TRULEAP TECH</b></p>					
<p>Signature of Authorized Officer: <b>Bob Kraut</b></p>				<p>Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech, =Filer ID 83328-0089, Date:5/18/2019</p>	
<p>Date: <b>5/18/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Bob Kraut</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer: <b>208-326-4330</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472220</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL CO LTD. - ID</b></p>					
<p>Signature of Authorized Officer: <b>Daniel Greig</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Daniel Greig</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>208-452-3100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472221</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDVALE TEL. EXCH. INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Stuart</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/28/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Stuart</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-355-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472226</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MUD LAKE TELEPHONE COOPERATIVE ASSN. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Justin Petersen</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Justin Petersen</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PROJECT MUTUAL TEL. COOP. ASSN.</b></p>					
<p>Signature of Authorized Officer: <b>Rick Harder</b></p>				<p><small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel. coop. assn.,l= , Date:5/22/2019</small></p> <p>Date: <b>5/22/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Rick Harder</b></p>					
<p>Title or position of Authorized Officer: <b>CFO/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>208-434-7124</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472231</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DIRECT COMMUNICATIONS ROCKLAND, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Timothy May</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Timothy May</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472232</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>Rural Telephone Company - ID</b>			
Signature of Authorized Officer 			Date <b>05/24/19</b>
Printed name of Authorized Officer <b>Michael J. Martell</b>			
Title or position of Authorized Officer <b>Vice-President</b>			
Telephone number of Authorized Officer: <b>(208) 366-2614</b> , ext.			
Study Area Code of Reporting Carrier	<b>472233</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.

TRANSMITTAL NO. 1579

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COLUMBINE TEL. CO. DBA SILVER STAR COMM.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Jefferson England</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INLAND TELEPHONE COMPANY - ID</b></p>					
<p>Signature of Authorized Officer: <b>James Brooks</b></p>				<p>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,=Roslyn WA 98941, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>James Brooks</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer/Controller/Reg. Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>509-649-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472423</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOT SPRINGS TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kathe Johnson</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/21/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kathe Johnson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-721-0846</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482241</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTERBEL TEL. COOPERATIVE INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Jason Moothart</b></span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jason Moothart</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-889-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482242</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LINCOLN TEL. CO. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Aaron Daniel</b></p>				<p>Digitally signed by Aaron Daniel DN:cn=Aaron Daniel,email=aarond@lincotel.net,O=lincoln tel. co. inc.,l=, Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Aaron Daniel</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>406-362-4216</b></p>					
Study Area Code of Reporting Carrier	<b>482244</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHERN TEL. COOP INC.- MT</b></p>					
<p>Signature of Authorized Officer: <b>Aimee Dietrich</b></p>				<p>Digitally signed by Aimee Dietrich DN:cn=Aimee Dietrich,email=adietrich@northerntel.net,O=northern tel. coop inc.- mt,l=Sunburst MT 59482, Date:5/27/2019</p> <p>Date: <b>5/27/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Aimee Dietrich</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>406-937-2114</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482248</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANGE TEL. COOP INC.-MT</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Gail Rainey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-347-2859</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482251</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHERN MONTANA TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Doran Fluckiger</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Doran Fluckiger</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>406-689-3333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482254</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>3-RIVERS TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer: <b>David Massey</b></p>				<p>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</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>David Massey</b></p>					
<p>Title or position of Authorized Officer: <b>CFO/Director of Finance</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIANGLE TEL. COOPERATIVE ASSN. INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Craig Gates</span></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: <span style="color: blue;">5/29/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Craig Gates</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-394-7807</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482257</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TRIANGLE TELEPHONE COOPERATIVE ASSN.,INC.-CMC</b></p>					
<p>Signature of Authorized Officer: <b>Craig Gates</b></p>				<p>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</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Craig Gates</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>406-394-7807</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>483310</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MESCALERO APACHE TELECOM, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Godfrey Enjady</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Godfrey Enjady</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>505-795-5555</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>491231</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DELL TELEPHONE CO-OP. INC.-NM</b></p>					
<p>Signature of Authorized Officer: <b>Marcy Guillen</b></p>				<p>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mg Guillen@ delltelco.com,O=dell telephone co-op. inc.-nm,l=Dell City TX 79837, Date:5/18/2019</p>	
<p>Date: <b>5/18/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Marcy Guillen</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>915-964-2352</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492066</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TELEPHONE COOPERATIVE INC-NM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Steven Metts</span></p>				<p><small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley telephone cooperative inc-nm,l=Willcox AZ 85644, Date:5/20/2019</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Steven Metts</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO / General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">520-384-2231</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492176</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BACA VALLEY TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Paul Briesh</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <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>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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	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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA JICARITA RURAL TEL. COOP. INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Danny Gray</span></p>				<p><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></p>	
<p>Date: <span style="color: blue;">5/17/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Danny Gray</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-387-2216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492263</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LEACO RURAL TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer: <b>Dale Snider</b></p>				<p>Digitally signed by Dale Snider DN:cn=Dale Snider,email=dsnider@leaco.org,O=leaco rural tel. cooperative inc., Date:5/29/2019</p> <p>Date: <b>5/29/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Dale Snider</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>575-433-4301</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492264</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">Tularosa Basin Telephone Company, Inc.</span></p>					
<p>Signature of Authorized Officer: <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: <span style="color: blue;">Joshua Beug</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-585-0125</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492265</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WESTERN NEW MEXICO TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>John Francis</b></p>					
<p>Title or position of Authorized Officer: <b>Exec. Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>575-535-2230</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492268</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PENASCO VALLEY TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer: <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., Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kurt Garrard</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>575-748-1241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492270</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ROOSEVELT COUNTY RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Cecile Archibeque</b></p>				<p>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</p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Cecile Archibeque</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/EO</b></p>					
<p>Telephone number of Authorized Officer: <b>575-226-2255</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492272</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SACRED WIND COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Terry Clark</b></p>				<p>Digitally signed by Terry Clark DN:cn=Terry Clark,email=tclark@sacred-wind.com,O=sacred wind communications, inc.,l= , Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Terry Clark</b></p>					
<p>Title or position of Authorized Officer: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer: <b>505-908-2661</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>493403</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DIRECT COMMUNICATIONS CEDAR VALLEY, LLC</b></p>					
<p>Signature of Authorized Officer: <b>Kip Wilson</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kip Wilson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>500758</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL UTAH TEL. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Mike Plows</b></p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel. inc.,c=US, Date:5/31/2019</p> <p>Date: <b>5/31/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>425-275-1013</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502277</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GUNNISON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Natalie Gleave</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/16/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Natalie Gleave</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller/Director</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-528-7236</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502279</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MANTI TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Dallas Cox</b></p>				<p>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti telephone company, Date:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Dallas Cox</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>435-835-3391</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502282</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SKYLINE TELECOM</b></p>					
<p>Signature of Authorized Officer: <b>Mike Plows</b></p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc=, Date:5/31/2019</p>	
<p>Date: <b>5/31/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>425-275-1013</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502283</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEEHIVE TELEPHONE CO., INC., UT</b></p>					
<p>Signature of Authorized Officer: <b>Larry Mason</b></p>				<p>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</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Larry Mason</b></p>					
<p>Title or position of Authorized Officer: <b>Senior Vice President Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer: <b>435-837-6000</b></p>					
Study Area Code of Reporting Carrier	<b>502284</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier South Central Utah Telephone Association, Inc.			
Signature of Authorized Officer <i>Michael East</i>		Date 5/29/19	
Printed name of Authorized Officer Michael East			
Title or position of Authorized Officer President/CEO			
Telephone number of Authorized Officer: (435) 826-4211 ext.			
Study Area Code of Reporting Carrier	502286	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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALL WEST COMMUNICATIONS-UT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jenny Prescott</span></p>				<p><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></p>	
<p>Date: <span style="color: blue;">5/20/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jenny Prescott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP Customer Service &amp; Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-783-4913</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502288</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEAR LAKE COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer: <b>Mike Plows</b></p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake communications, = , Date:5/31/2019</p> <p>Date: <b>5/31/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RANGE TEL. COOPERATIVE INC.-WY</b></p>					
<p>Signature of Authorized Officer: <b>Gail Rainey</b></p>				<p>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</p> <p>Date: <b>5/17/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Gail Rainey</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>406-347-2859</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>512251</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 THE REPORTING CARRIER.

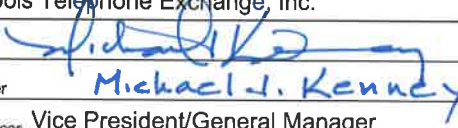
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHUGWATER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Carolyn Somers</b></p>				<p>Digitally signed by Carolyn Somers DN:cn=Carolyn Somers,email=csomers@mwtdcorp.net,O=chugwater telephone company, Inc., Date: 5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Carolyn Somers</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>307-233-8363</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>512289</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALL WEST COMMUNICATIONS-WY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Jenny Prescott</b></span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jenny Prescott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP Customer Service &amp; Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-783-4913</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512290</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Dubois Telephone Exchange, Inc.				
Signature of Authorized Officer 				Date 05/16/2019
Printed name of Authorized Officer Michael J. Kennedy				
Title or position of Authorized Officer Vice President/General Manager				
Telephone number of Authorized Officer: (307) 455-2341 ext. _____				
Study Area Code of Reporting Carrier	512291	Filing Due Date for this form (mm/dd/yyyy)	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SILVER STAR TEL. CO.- WY</b></p>					
<p>Signature of Authorized Officer: <b>Jefferson England</b></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: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Jefferson England</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>307-883-6675</b></p>					
Study Area Code of Reporting Carrier	<b>512295</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WESTGATE COMMUNICATIONS LLC dba WEAVTEL</b></p>					
<p>Signature of Authorized Officer: <b>Richard Weaver</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Richard Weaver</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>509-682-5556</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>520580</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SKYLINE TELECOM COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.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: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>520581</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HAT ISLAND TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Gary Ricketts</b></p>				<p>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=hat island telephone company, Date:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Gary Ricketts</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Pend Oreille Telephone Company**

Signature of Authorized Officer

*[Handwritten Signature]*

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**, ext.

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOOD CANAL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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, Union WA 98592, Date:5/21/2019</small></p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Richard Buechel</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <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><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INLAND TELEPHONE COMPANY - WA</b></p>					
<p>Signature of Authorized Officer: <b>James Brooks</b></p>				<p>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - wa,l=Roslyn WA 98941, Date:5/21/2019</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>James Brooks</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer/Controller/Reg. Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>509-649-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522423</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KALAMA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Rick Vitzthum</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Rick Vitzthum</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>360-264-3155</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522426</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MASHELL TELECOM INC.</b></p>					
<p>Signature of Authorized Officer: <b>Brian Haynes</b></p>				<p>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</p> <p>Date: <b>5/31/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Brian Haynes</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>360-892-4130</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522431</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PIONEER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Dallas Filan</b></p>				<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> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Dallas Filan</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>509-549-3511</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522437</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ST. JOHN TELEPHONE, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Eric Trump</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Trump</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>509-648-3322</b></p>					
Study Area Code of Reporting Carrier	<b>522442</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TENINO TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Rick Vitzthum</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Rick Vitzthum</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>360-264-3155</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522446</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TOLEDO TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Philip Cappalonga</b></p>				<p>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.net,O=toledo telephone company inc.,l= , Date:5/30/2019</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Philip Cappalonga</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>360-864-2004</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522447</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 THE REPORTING CARRIER,

<p>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <b>WESTERN WAHIAKUM COUNTY TELEPHONE COMPANY</b></p>			
<p>Signature of Authorized Officer <i>Steven M. Appelo</i></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>, ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>522451</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WHIDBEY TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Gary Ricketts</b></p>				<p>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co., = , Date:5/23/2019</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Gary Ricketts</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>360-321-0051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522452</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEAVER CREEK COOPERATIVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Paul Hauer</b></p>				<p>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</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Paul Hauer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/President</b></p>					
<p>Telephone number of Authorized Officer: <b>503-845-4433</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532359</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLEAR CREEK MUTUAL TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Jason Henke</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>503-631-2101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532363</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COLTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>Stephanie Sauvageau</b></p>					
<p>Title or position of Authorized Officer: <b>Accountant</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>EAGLE TELEPHONE SYSTEM INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Mike Lattin</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-893-6111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532369</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>					

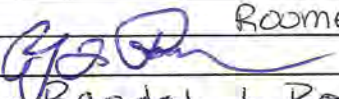
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CASCADE UTILITIES INC.</b></p>					
<p>Signature of Authorized Officer: <b>Brooke Wheeler</b></p>				<p>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</p> <p>Date: <b>5/23/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-630-8952</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532371</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GERVAIS TELEPHONE COMPANY DBA DATAVISION</b></p>					
<p>Signature of Authorized Officer: <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: <b>Renee Willer</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-792-5500</b></p>					
Study Area Code of Reporting Carrier	<b>532373</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Roome Telecommunications Inc				
Signature of Authorized Officer 			Date 5-21-19	
Printed name of Authorized Officer Randal L Roome				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: ( ) , ext. 541 369-2211				
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.				

Carrier Cert



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HELIX TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>James Smith</b></p>				<p>Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix telephone company, Helix OR 97385, Date:5/20/2019</p>	
<p>Date: <b>5/20/2019</b></p>					
<p>Printed name of Authorized Officer: <b>James Smith</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>541-457-2385</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532376</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOME TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=home telephone company, Mt. Vernon OR 97865-0609, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-932-4411</b></p>					
Study Area Code of Reporting Carrier	<b>532377</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TRANS-CASCADES TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Brooke Wheeler</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-630-8952</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532378</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOLALLA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Terry Simms</b></p>				<p>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</p> <p>Date: <b>5/21/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Terry Simms</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-829-1122</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532383</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MONITOR COOPERATIVE TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <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: <b>Stephanie Sauvageau</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MONROE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>David Mills</b></p>				<p>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</p>	
<p>Date: <b>5/21/2019</b></p>					
<p>Printed name of Authorized Officer: <b>David Mills</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>541-847-5135</b></p>					
Study Area Code of Reporting Carrier	<b>532385</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CANBY TELEPHONE ASSOCIATION (MT. ANGEL)</b></p>					
<p>Signature of Authorized Officer: <b>Paul Hauer</b></p>				<p>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</p>	
<p>Date: <b>5/24/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Paul Hauer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/President</b></p>					
<p>Telephone number of Authorized Officer: <b>503-632-6314</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532386</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>					

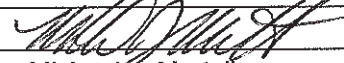
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **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**, ext.

Study Area Code of Reporting Carrier

**532387**

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH STATE TELEPHONE COMPANY - OR</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=north state telephone company - or, =Mt. Vernon OR 97865-0609, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OREGON TELEPHONE CORPORATION</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></p>				<p>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</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532389</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OREGON-IDAHO UTILITIES, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Justin Perez</b></p>				<p><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></p> <p>Date: <b>5/20/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Justin Perez</b></p>					
<p>Title or position of Authorized Officer: <b>Controller / Corporate Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>208-461-7802</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532390</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TELEPHONE CO. - OR</b></p>					
<p>Signature of Authorized Officer: <b>Curt Thornton</b></p>				<p>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples telephone co. - or,!=Stayton OR 97383, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Curt Thornton</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-769-2121</b></p>					
Study Area Code of Reporting Carrier	<b>532391</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PINE TELEPHONE SYSTEM INC. - OR</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=pine telephone system inc. - or, Mt. Vernon OR 97865-0609, Date:5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PIONEER TELEPHONE COOP. DBA PIONEER CONNECT</b></p>					
<p>Signature of Authorized Officer: <b>Michael Whalen</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Michael Whalen</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-929-8256</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532393</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ST. PAUL COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Nick Schneider</b></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: <span style="color: blue;">Nick Schneider</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-633-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532396</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SCIO MUTUAL TEL. ASSOCIATION</b></p>					
<p>Signature of Authorized Officer: <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: <b>Thomas Barth</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>503-394-3366</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532397</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STAYTON COOP. TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Curt Thornton</b></p>				<p>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</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Curt Thornton</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-769-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532399</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OREGON TELEPHONE CORPORATION (MTE-OREGON)</b></p>					
<p>Signature of Authorized Officer: <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: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-932-4411</b></p>					
Study Area Code of Reporting Carrier	<b>533336</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CALAVERAS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Rose Cullen</b></p>				<p>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</p>	
<p>Date: <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Rose Cullen</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>209-785-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542301</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAL-ORE TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Waihun Yee</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/30/2019</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Waihun Yee</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">530-397-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542311</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUCOR TELEPHONE COMPANY dba VARCOMM</b></p>					
<p>Signature of Authorized Officer: <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: <b>Jenifer Vellucci</b></p>					
<p>Title or position of Authorized Officer: <b>CFO/AGM</b></p>					
<p>Telephone number of Authorized Officer: <b>602-432-3981</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542313</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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Foreshill 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, ext.</b>			
Study Area Code of Reporting Carrier	<b>542318</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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Kerman 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, ext.</b>			
Study Area Code of Reporting Carrier	<b>542324</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE PONDEROSA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Kristann Mattes</b></p>				<p>Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=the ponderosa telephone company, O=Neals CA 93645, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Kristann Mattes</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>559-868-6346</b></p>					
Study Area Code of Reporting Carrier	<b>542332</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SIERRA TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Cynthia Huber</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Cynthia Huber</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>559-642-0209</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542338</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>					

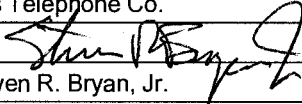
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Siskiyou Telephone Company				
Signature of Authorized Officer <i>James T. Lowers</i>			Date 05/20/2019	
Printed name of Authorized Officer James T. Lowers				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (530) 467-6000 ext.				
Study Area Code of Reporting Carrier 542339		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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VOLCANO TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Brenda Shepard</b></p>				<p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company, Inc., Date: 5/16/2019</p>	
<p>Date: <b>5/16/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Brenda Shepard</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>209-296-1447</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542343</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Pinnacles Telephone Co.			
Signature of Authorized Officer 			Date 5/31/2019
Printed name of Authorized Officer Steven R. Bryan, Jr.			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (831) 389-4500 ext.			
Study Area Code of Reporting Carrier	542346	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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FILER MUTUAL TEL COMPANY-NV dba TRULEAP TECH</b></p>					
<p>Signature of Authorized Officer: <b>Bob Kraut</b></p>				<p>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</p>	
<p>Date: <b>5/18/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Bob Kraut</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **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**, ext.

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEEHIVE TELEPHONE COMPANY, INC., NV</b></p>					
<p>Signature of Authorized Officer: <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, Lake Point UT 84074, Date:5/22/2019</p>	
<p>Date: <b>5/22/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Larry Mason</b></p>					
<p>Title or position of Authorized Officer: <b>Senior Vice President Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer: <b>435-837-6000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552284</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHURCHILL COUNTY TEL. DBA CC COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer: <b>Mark Feest</b></p>				<p>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</p>	
<p>Date: <b>5/28/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Feest</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>775-423-7654</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552349</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN COUNTY TELEPHONE SYSTEM INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Christian, III</span></p>				<p>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln county telephone system inc.,l= Pioche NV 89043, Date:5/16/2019</p>	
<p>Date: <span style="color: blue;">5/16/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">John Christian, III</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">775-962-5131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552351</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RIO VIRGIN TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Brooke Wheeler</b></p>				<p>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</p>	
<p>Date: <b>5/23/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-630-8952</b></p>					
Study Area Code of Reporting Carrier	<b>552356</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HUMBOLDT TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <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: <b>Justin Perez</b></p>					
<p>Title or position of Authorized Officer: <b>Controller / Corporate Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>208-461-7802</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>553304</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ADAK EAGLE ENTERPRISES, LLC dba ADAK TEL UTIL</b></p>					
<p>Signature of Authorized Officer:      <b>Andilea Weaver</b></p>				<p>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</p>	
<p>Date:      <b>5/30/2019</b></p>					
<p>Printed name of Authorized Officer:      <b>Andilea Weaver</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer:      <b>907-222-0844</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>610989</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARCTIC SLOPE TEL. ASSOCIATION COOP.INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Clover McNeil</span></p>				<p><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></p>	
<p>Date: <span style="color: blue;">5/16/2019</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Clover McNeil</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-564-2680</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613001</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Bettles Telephone, Inc**

Signature of Authorized Officer *Mary Jo Quandt* 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	<b>613002</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 17 2019</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BRISTOL BAY TELEPHONE COOP. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Jeffrey Fulton</b></p>				<p>Digitally signed by Jeffrey Fulton DN:cn=Jeffrey Fulton,email=jfulton@bristolbay.com,O=bristol bay telephone coop. inc.,l= , Date:5/31/2019</p>	
<p>Date: <b>5/31/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Jeffrey Fulton</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>907-439-0456</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613003</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BUSH-TELL INCORPORATED</b></p>					
<p>Signature of Authorized Officer: <b>W. DeVore</b></p>				<p>Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mscon.com,O=bush-tell incorporated,l=Aniak AK 99557-0109, Date:5/30/2019</p> <p>Date: <b>5/30/2019</b></p>	
<p>Printed name of Authorized Officer: <b>W. DeVore</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>907-675-4311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613004</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CIRCLE TELEPHONE &amp; ELECTRIC, LLC</b></p>					
<p>Signature of Authorized Officer: <b>David Masephol</b></p>				<p>Digitally signed by David Masephol DN:cn=David Masephol,email=dmasephol@sbcglobal.net,O=circle telephone &amp; electric, llc,l=Circle AK 99733, Date:5/17/2019</p>	
<p>Date: <b>5/17/2019</b></p>					
<p>Printed name of Authorized Officer: <b>David Masephol</b></p>					
<p>Title or position of Authorized Officer: <b>Member Owner</b></p>					
<p>Telephone number of Authorized Officer: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COPPER VALLEY TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Laura Kompkoff</b></p>				<p>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</p> <p>Date: <b>5/16/2019</b></p>	
<p>Printed name of Authorized Officer: <b>Laura Kompkoff</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>907-835-7712</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613006</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTERIOR TELEPHONE COMPANY INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Brett Carter</b></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: <span style="color: blue;">Brett Carter</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP/Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-563-2003</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613011</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MUKLUK TEL. COMPANY, INC.</span></p>					
<p>Signature of Authorized Officer: <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=mukluk tel. 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: <span style="color: blue;">Brett Carter</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP/Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-563-2003</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613016</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Alaska Telephone Company**

Signature of Authorized Officer *Mary Jo Quandt*

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NUSHAGAK ELECTRIC &amp; TELEPHONE COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <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: <b>Robert Himschoot</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>907-842-5251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613018</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 THE REPORTING CARRIER,

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

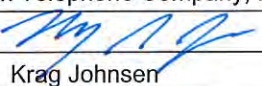
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				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 ext.	
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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier 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 THE REPORTING CARRIER,

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

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

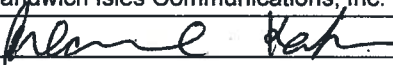
Name of Reporting Carrier North Country Telephone, Inc			
Signature of Authorized Officer <i>Mary Jo Quandt</i>			Date 5/30/2019
Printed name of Authorized Officer Mary Jo Quandt			
Title or position of Authorized Officer V/P Chief Customer Operations			
Telephone number of Authorized Officer: 800-982-0136, 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SUMMIT TEL &amp; TEL CO OF ALASKA</b></p>					
<p>Signature of Authorized Officer: <b>Roger Shoffstall</b></p>				<p>Digitally signed by Roger Shoffstall DN:cn=Roger Shoffstall,email=rshoffstall@summittelephonenumbercompany.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: <b>Roger Shoffstall</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/President/Owner/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>907-389-1012</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613028</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Sandwich Isles Communications, Inc.</b>				
Signature of Authorized Officer 				Date <b>MAY 22 2019</b>
Printed name of Authorized Officer <b>Breanne Kahalewai</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(808) 524-8400</b> , ext.				
Study Area Code of Reporting Carrier	<b>623021</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>AMERICAN SAMOA TELECOMMUNICATIONS AUTHORITY</b></p>					
<p>Signature of Authorized Officer: <b>Fala Sualevai</b></p>				<p>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</p>	
<p>Date: <b>5/29/2019</b></p>					
<p>Printed name of Authorized Officer: <b>Fala Sualevai</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <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 THE REPORTING CARRIER,


Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Consolidated Communications Inc			
Signature of Authorized Officer <i>Michael Skrivan</i>			Date May 31, 2019
Printed name of Authorized Officer Michael Skrivan			
Title or position of Authorized Officer VP Regulatory			
Telephone number of Authorized Officer: (207) 535-4150 ext.			
Study Area Code of Reporting Carrier	see attached	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.			

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

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

Name of Reporting Carrier		<b>See TDS Telecom ILEC Listing Below</b>		
Signature of Authorized Officer				Date 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	<b>See TDS TELECOM ILEC Listing Below</b>		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